The Client's Explicit Expression of Anger Towards their Therapist: A Grounded Theory Study of Female Trainee Therapists

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by Professional Studies

June 2018

Abstract

This study aimed to understand the client's experience of explicitly expressing anger towards their therapist. This research developed from there being little existing knowledge about these experiences from the client's perspective, even though they are seen to present some of the most challenging experiences in the therapeutic setting.

The research was conducted through interviewing 9 female therapy clients using semi-structured interviews and carrying out the analysis using constructivist grounded theory.

The research found there were different processes at play that were present within the therapeutic relationship leading up to the explicit expression. The anger was experienced in relation to other emotions and was expressed in several different ways, resulting in mixed outcomes to the expression of anger.

Different responses from both the therapist and the client that were facilitative in enabling or disabling them to try to work through these anger events were identified. At moments of the explicit expression of anger, the therapist and client could get caught up in detrimental negative interactional cycles, which served to close down the therapeutic space or lead to a lack of connection through withdrawal. Consequentially there was little space for affective attunement and reflective dialogue, shaped by a rigid and detached stance, lack of humility, distancing interpretations and uncontained emotional or personal responses. However, in contrast, if the therapist and client were able to remain emotionally connected to one another during the explicit expression of anger and contain the process and engage in a reflective dialogue this could open up the therapeutic space to beneficial effect.

CONTENTS

“Anger is just anger. It isn't good. It isn't bad. It just is. What you do with it is what matters. It's like anything else. You can use it to build or to destroy. You just have to make the choice.”

Jim Butcher, *White Night (The Dresden Files)*

1. INTRODUCTION

Anger is a normal part of our emotional repertoire, yet when my own interest around anger spurred me to investigate further, I soon discovered the literature reflected my own ambiguity towards this emotion. Anger is elusive, with no universal definition. It is a subjective experience, that can be due to many different reasons, elicit many different responses and be expressed in many different ways (Deffenbacher, Oetting, Lynch & Morris, 1996a).

Maybe these elusive qualities mean that it is a difficult emotion to explore and further understand, especially in a therapeutic setting. Anger is a powerful and challenging emotion that is often present in the therapy room, either as a presenting problem or an in-session experience, but it has largely been ignored as a clinical phenomenon, especially in comparison with anxiety and depression (Norcross & Kobayashi, 1999).

This has incited me to conduct a grounded theory study to better understand the client's experience of explicitly expressing anger towards their therapist (i.e. verbalising their anger) in response to something their therapist had done. Anger is a ubiquitous phenomenon and so further understanding would greatly enhance the clinical practice of psychotherapists and counselling psychologists, as well practitioners in the wider mental health profession, who will, no doubt, be confronted with client anger towards them at some point in their career.

This study addresses a gap in the existing research, where very few studies have been carried out to understand the *client's experience* of explicitly expressing anger towards their therapist. Most current writings are based on the therapist's retrospective account of their own experience (Hill, Kellems, Kolchakian, Wonnell, Davis & Nakayama, 2003) or focus on the wider area of therapeutic ruptures (Coutino, Ribeiro, Hill & Safran, 2011; Safran & Muran, 2003).

My research builds on the small body of research in this area and, by hearing the client's view, it provides potentially important insights to enhance clinical practice. Giving a platform for the client's voice to be heard is vital for reflective practitioners and "is consistent with the general value placed by psychologists on self-examination to open ourselves to more critical feedback from our patients and to make this feedback more public so that the field may benefit from it" (Dalenberg, 2004; p.446).

1.1. Overview of my research

In this chapter I will introduce my research by describing my own personal and professional relationship with the topic of this research before outlining my specific research question and aims. I will then position my study within the context of the existing theory and research in the literature review in Chapter 2. In order to conduct my research I have used constructivist grounded theory which I will explain further, together with my own philosophical stance and basis for this methodology, in Chapter 3. This is followed by chapters on ethical considerations and validity. In Chapter 6 I will describe the findings from my research, highlighting the main themes of participants' experiences, before reflecting on these findings and theory development and discussing their meaning in the wider field in Chapter 7. Finally I will conclude with chapters on the contributions and limitations of my research, and on my own reflections. Throughout this process, I have reflected on my impact as the author of this research and the constant co-created interaction between my own interpretations and sensitivity in portraying the participants' lived experiences.

1.2. My personal and professional relationship to this area

I agree with Etherington's (2004) view that a research question is developed from personal experience and, in turn, personal and professional development are influenced by the research process. This is true of my experience, where my research question grew from my own curiosity and relationship with anger and consequentially conducting this research has shaped my personal and professional growth.

I originally embarked on my research due to my own interest in anger and its expression. In many situations I was fearful of the consequences of anger. It was not something I expressed easily and, even when I felt anger, I usually withheld it. I believe this relationship with anger and my tendency to withhold it mainly stemmed from my family of origin and my Jewish upbringing. As anger was not an emotion that was readily or comfortably expressed, I grew up with the implicit belief that "Anger is a very evil trait and should be avoided at all costs. You should train yourself not to become angry even if you have good reason to be angry." Kitzur Shulchan Aruch 29:4.

However, although I had a general tendency to withhold my anger I became aware that in my adult personal life there were some situations or people with whom I felt more able to express my anger. I became curious about these differential experiences of expressing or supressing my anger and how my relationship with anger has varied and changed over time.

In addition, I am aware of the impact of my training as a psychological therapist and the professional experiences that initiated the development of my specific research question, to understand the client's experience of explicitly expressing anger towards their therapist.

Relatively early on in my training, in one of my first clinical placements, a client who I had only seen for a couple of sessions came in and explicitly expressed her dissatisfaction with the therapy and her anger towards me. I was completely taken aback by this "outburst" and, feeling attacked, I froze and felt unable to reflect on what was happening between us. This resulted in the client leaving the therapy room abruptly and not returning to therapy with me. I have often wondered what impact a different response from me might have had and, could I have handled this interaction in a way that meant it was a significant moment in the therapy that we could have worked through together to beneficial effect for both of us?

On the reverse side of this as a therapy client, I experienced feeling angry towards my therapist, as I felt repeatedly missed by her. I contemplated expressing these feelings of anger to her but felt unable to do so, mainly

because of my fear of confrontation. Our therapeutic relationship ended naturally and, even though I felt anger right up until our ending, I did not explicitly express my feelings to her and ended up regretting this, wondering what my experience might have been if I had taken a risk and explicitly expressed my anger towards her.

Since then, my relationship with anger has shifted through increased searching and experiences both in my personal and professional life. Whilst I can still shy away from giving and receiving anger, I am not so fearful of it and view it with more openness. Now I view anger and its expression as having the potential to be both healthy and unhealthy, constructive and destructive, and I am interested in understanding the processes that may contribute to these differential experiences, particularly within the therapy room.

This has led me to my specific research question, asking therapy clients *"What is your experience of explicitly expressing your anger towards your therapist?".* The aim of this research question is to further understand the complexities of these experiences and so reveal a deeper appreciation of the processes involved at these moments of conflict, *from the client's perspective*. This understanding will greatly enhance the clinical practice of psychotherapists and counselling psychologists, through illustrating the processes involved that may impede or facilitate resolution of these inevitable therapeutic encounters.

2. LITERATURE REVIEW

In order to locate my study in the plethora of research into anger, I will start with an overview of some of the complex definitions of anger, paying particular attention to how anger can be defined in relation to this research. I will also attend to the suppression and expression of anger, as the focus of this research is the explicit expression of anger.

This will provide the backdrop to understanding 'generic anger', before turning attention specifically to looking at anger within the therapeutic relationship.

2.1. What is anger?

Anger is an elusive emotion that is difficult to define, due to the complexities and misconceptions surrounding it. Whilst most people assume to know what anger is and why and when it occurs, there is a lack of consistency around the definition of anger (DiGiuseppe, Tafraie & Eckhardt, 1994). Even in writing this chapter I often felt overwhelmed with the abundance of literature, and yet felt this literature provided no definitive answer to my understanding of anger. It was challenging to pinpoint the causes, experiences and consequences of this emotion and this reflects the pervasive ambivalence about anger that permeates our society (Tavris, 1989). However I will attempt to clarify this elusive emotion, specifically in relation to this research and, although this literature review is by no means exhaustive, it highlights some of the complexities and enables further understanding of this challenging emotion.

No-one is immune to experiencing anger, as it is one of most frequent emotional experiences in normal everyday life (Scherer, Wranik, Sangsue, Tran & Scherer, 2004). It is an inevitable part of existence, but the affective experience differs on many levels. Anger can range in its intensity on a quantitative continuum (Norcross and Kobayashi, 1999) and it can also differ qualitatively, in terms of the phenomenological experience, social expression, behavioural predisposition and physiological arousal (Izard, 1989). We all have our own

distinct and conditioned patterns of anger, however even these can vary within each individual in different contexts.

Anger can be useful, a signal to bring about change, but it can also be damaging; as Tavris (1989) states, “we are ambivalent about anger because sometimes it is effective and sometimes it is not, because sometimes it is necessary and sometimes it is destructive.” (p. 47).

Anger is difficult to distinguish as, just as with other emotions, it is rarely experienced alone but rather as a blend of different affective experiences. In addition, there are many subcategories of anger meaning there is an anger family words each with similar characteristics (DiGiuseppe and Tafrate, 2007). Anger is often mentioned in relation to other words, such as hostility and aggression, and collectively referred to as the “AHA! Syndrome” (Spielberger, Johnson, Russell, Crane, Jacobs & Worden 1985). Even though these terms are differentiated, using them interchangeably can blur their distinction and add to the confusion around the specific nuances of anger (Digiuseppe, Eckhardt, Tafrate & Robin, 1994), as although these traits do overlap and can co-exist in many situations, they are different and one can be present without the other.

There are also different types of anger. Anger can either be state, where it is seen as a temporary emotional state or an episodic reaction to a trigger, or it can be trait, which means it is viewed as a general tendency to react angrily and relates more to a disposition or character traits rather than instincts or cognitions (Spielberger, 1988; Hughes, 2001). This research is interested in understanding episodic anger events, i.e. in response to a trigger, rather than trait anger.

2.1.1 Beyond Instinct

In line with my view of human motivations, I see we are motivated by a highly complex and multi-faceted system consisting of primary instinctual affects that interplay with higher cognitive functions in the brain and govern much of what we do and who we are in the world (Panksepp & Biven, 2012).

Although emotions are part of our ancestral heritage, it is nothing new to consider the higher complex thought processes at play that distinguish humans from other animals. In this way anger is not just a primitive emotion but there is an "internal war" between reason and emotion, where the experience and expression of anger is part of a human choice extending well beyond the limitations of primal instincts. Ancient Greek philosophers placed value on the capacity for individuals to exert control and objectivity with regards to their anger. As Aristotle described, "Anybody can become angry, that is easy; but to be angry with the right person, and to the right degree, and at the right time, and for the right purpose, and in the right way, that is not within everybody's power, that is not easy" (Aristotle, Book II, 1109a.27).

Since then, much of contemporary attitudes towards anger have been shaped by Freud and Darwin and the dominant power of instinct, meaning anger cannot, and should not, be controlled. Darwin (1896) argued the origins of virtually all human emotions can be found in lower animals as there exists a universal set of largely prewired internal processes of self-maintenance and self-regulation. He saw anger and rage as only differing in their intensity and that when we experience rage it is a primal instinct to protect ourselves and motivate ourselves to retaliate. However, whilst animal research can teach us something about the biological basis for the rage system that exists in all mammalian brains, these similarities with the human brain limit our understanding of the essential differences within human experiences (Tavris, 1989). Whereas rage is triggered by neural circuits in the brain and is the best survival strategy animals have for protection, as mature adults we have the option to express our primitive emotional impulses in words and through language thanks to years of socio-cognitive learning (Panksepp, 1998).

In my view, instead of being at the mercy of affective forces, our emotions cannot be separated from our capacity to reflect, conceptualise and interpret our experiences. Novaco (1986) with his extensive research into anger, stratified this emotion into three modalities – cognitive, somatic-affective and behavioural and, echoing this, broadly speaking anger has been defined as "an internal, mental subjective feeling state with associated cognitions and physiological arousal patterns" (DiGiuseppe et al,1994; p.232).

In addition to being shaped by our internal mental lives, anger is influenced by the context in which we live and our fundamental philosophical values. As such, the experience and expression of anger is a result of biology and culture, mind and body (Tavris, 1989).

Most angry episodes are social events, and this interpersonal context of anger is the focus of this research. Interestingly for many people anger is commonly experienced towards those close to the heart (DiGiuseppe & Tafrate, 2007). Anger is an interpersonal emotion that typically occurs in response to an actual or perceived threat, often elicited in response to the actions or words of others, often directed towards others, and the consequences of the experience and expression of anger are often interpersonal (Averill, 1982). However even though anger is experienced internally, the interpersonal experience of anger is highlighted by DiGiuseppe & Tafrate (2007) who recognise that anger is also assessed by others from the reactions they observe, the reactions that occur physiologically and the subjective reflection of the person experiencing the emotion.

Furthermore, anger does not only occur in the face of real and present danger, but can be evoked by memories and images, retrospective reflection and can be maintained for years (Tavris, 1989).

The focus of this research is my view of anger as an interpersonal emotion that is defined in terms of psychobiology, cognition, response mechanism, perception of meaning and communication (DiGiuseppe & Tafrate, 2007). As such, and in relation to this research "Anger is a subjectively experienced

emotional state with high sympathetic autonomic arousal. It is initially elicited by a perception of a threat ... is associated with evaluative cognitions that emphasise the misdeeds of others and motivate a response of antagonism ... is communicated through facial or postural gestures or vocal inflections, aversive verbalisations, and aggressive behaviour" (DiGiuseppe & Tafrate, 2007; p. 21).

2.1.2 To express or to suppress

Much of the ambivalence surrounding anger is around its expression as the decision to express anger can have powerful consequences. Anger can be understood as an emotional response that provides the energy to prevent the loss of important values and it can boost determination to correct wrong and unfair behaviours. But it can also be destructive with the potential for causing harm.

In addition, there are many different responses to feeling angry. Some people are over-controlled when they experience anger and suffer in silence, becoming quiet or backing away. Others are under-controlled and react angrily to any blocks in their way and act out aggressively. This can vary from situation to situation as it is often the context of anger that shapes the response to it (Spielberger, 1988).

There have been many tools developed for the assessment and measurement of anger, with the most widely used being the updated State Trait Anger Expression Inventory, STAXI-2 (Spielberger, 199b). This has enabled the expression of anger to be identified into three main categories; anger-in, anger-out and anger-control (Spielberger, 1988, 1999b). Anger-in describes how an individual expresses anger internally by supressing it. Anger-out relates to when the individual expresses anger externally towards either people or objects. Anger-control is where the individual exerts control over the expression of anger and is akin to the approach of reflection (Harburg, Blakelock & Roeper, 1979) which allows individuals to keep cool and manage their anger experience and expression, which can have a beneficial effect physiologically, intrapersonally and interpersonally.

Over time there have been opposing views over the intrinsic value of expressing anger. Whilst early philosophers viewed anger as a destructive emotion that should be suppressed at all costs (Kemp & Strongman, 1995) this view changed over time, with psychologists later believing the opposite - that anger is a healthy emotion and its suppression could be harmful and lead to psychiatric problems (Freud, 1958) or physical illness (Ellis, 1977).

This led to the widespread belief in the Freudian view that the release of anger is cathartic and necessary to minimise harm to the individual. However, this overlooks both the social context, where generally an outright display of anger is not socially acceptable and so needs to be controlled, and also the consequences of anger, where it can be frightening, both in giving and receiving, and can lead to hurt feelings in the recipient and feel like a loss of control to the individual expressing it.

Due to the potentially harmful effect of the over- or under-controlled expression of anger, there has been much research into anger management (Fisher, 2005). Contrary to the Freudian view of catharsis, unrestrained venting of anger can have an adverse effect and, rather than lessen feelings of anger, it can perpetuate them. A research study allowing young boys to run around and give free expression of anger and aggression found this led to increased feelings of anger and aggression (Feshback, 1956). This is echoed by Tavris (1989) who postulates that venting anger can actually "freeze" a hostile disposition. In the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), Intermittent Explosive Disorder (IED) is characterised by intermittent and disproportionate explosive outburst of anger, that is often followed by later remorse.

In Tafrate's (1995) review of anger management research, he analysed the effectiveness of various techniques and treatments in managing anger and found that "strategies that target self-statements, physiological arousal and behavioural skills all appear to be effective". This concurs with research that demonstrates the effectiveness of various techniques in anger management, such as cognitive behavioural techniques which aim to understand the problem

and develop a solution (Gollwitzer, Eid & Jurgensen, 2005), distraction techniques (Bushman, Bonacci, Pedersen, Vasquez & Miller, 2005) and engaging in behaviours that are incompatible with anger (Baron, 1979).

It is not only whether or not to express anger but also what the individual hopes to communicate and achieve by their expression of anger also impacts on the decision about whether to express anger and the subsequent consequences. Tangney, Hill-Barlow, Wagner, Marschall, Borenstein, Sanftner, Mohr & Granzow (1996) suggested that it is the goal of one's anger that discriminates between whether it is adaptive or maladaptive, thus echoing Bowlby's (1980) differentiation between "anger of hope" which is for constructive goals and "anger of despair" for malevolent goals.

This research is interested in understanding the explicit expression of anger, which can be identified either as anger-out or anger-control, in the interpersonal context of the therapeutic relationship.

2.1.3 Differences in the experience of anger

As already touched upon, whilst anger is a universal emotion, the emotional experience is not universal but rather varies between individuals and as a function of the wider context.

Culture plays a central role in shaping emotional experience. As Rosaldo (1984) states, "feelings are not substances to be discovered in our blood but social practices organised by stories that we both enact and tell" (p. 143). Culture provides a set of structures, guidelines and expectations and so many aspects with regards to an individual experiencing, expressing and regulating their emotions are dependent on cultural norms or scripts (Kovecses, 2000; Miyamoto & Ryff, 2011). For example, there is a differentiation between Western cultures where the emphasis is on maximising positive emotions and minimising negative emotions, compared to Eastern cultures which are grounded in finding a more balanced position between these differential emotional experiences (Miyamoto & Ryff, 2011). Furthermore, emotional

experience, regulation and expression are influenced by cultural concepts of the self. In relation to anger, American and Western European cultures that are predominantly concerned with maintaining independence and attending to the self, are ambiguous about the expression of anger. This contrasts with other cultures, such as Asian cultures, which focus on the relatedness of individuals and attending to others, and so consequentially the cultural norms direct individuals to restrain their inner feelings and not express them, due to the negative impact this can have on relatedness (Markus & Kitayama, 1991). Or in Jean Brigg's 1970 ethnography study of a small group of Eskimos, where she discovered that emotional self-control and restraint is prized and they are said not to feel anger, not to express anger and not even talk about anger, and when they see angry behaviour in others they term it "childish" (Briggs, 1970)

As well as cultural differences there is a commonly held assumption that women, as opposed to men, have more difficulty experiencing and expressing anger, although there is little empirical evidence to support this (Sharkin, 1993; Kring 2000). As Tavris (1989) states "both sexes have trouble with anger, and this makes sense, for it is a troubling emotion" (p.199).

In one of the most comprehensive studies of anger, Averill (1982) found no overall gender differences in reported anger. Similarly, in studies that directly manipulate anger by presenting emotional stimuli, no gender differences in the experience of unpleasant emotions and reports of anger were found (Kring & Gordon, 1998). However, whilst there are no differences in the reported experience of anger, there are some differences in the context of these experiences, with women reporting feeling more anger than men where anger is related to an interpersonal relationship (Strachan & Dutton, 1998) and in the context of close relationships (Kring, 2000).

In addition to reports on gender differences in the experience of anger, a number of studies have examined whether there are gender differences in reports of anger suppression, anger expression and anger control. Contrary to popular views, women do not report supressing their anger more, nor do men report expressing it more outwardly (Deffenbacher et al, 1996a). However,

some gender differences have been found, primarily concerned with the manner of the expression, with men being more physical (Deffenbacher et al, 1996a) whereas women cry more when angry (Frost & Averill, 1982).

2.2 Anger in the Therapy Room

Now I will consider the expression of anger in the context of the therapy room, specifically client anger directed at the therapist. In particular I am interested in understanding the explicit expression of anger as an in-session experience, that occurs as a reaction to the perception of being treated badly or unfairly (Spielberger & Reheiser, 2010), rather than when anger is brought to psychotherapy as a presenting problem (Norcross & Kobayashi, 1999). This is the focus of my research and an area that has largely been ignored, even though this has been seen to present one of the most difficult therapeutic situations for therapists to work with (Butler and Strupp, 1991; Pope and Tabachnick, 1994; Strupp, 1980). As the research specifically into the client's experience of expressing anger towards their therapist is so sparse, I have found it useful to also consider and include the literature and research about therapeutic ruptures. Therapeutic ruptures highlight tensions in negotiating relatedness and so they can shed some light on the process involved when clients explicitly express their anger towards their therapist, especially as anger is typically experienced during ruptures, alongside other negative feelings (Elkind, 1992).

2.2.1 The client's experience

The current research into clients' experiences of overtly expressing their anger towards their therapist is extremely sparse. However one study specifically researching this area found only one third of clients who admitted becoming very angry with their therapist felt the angry episodes were always or almost always handled well by therapists (Dalenberg, 2004). Generally clients experienced greater satisfaction with therapists who were emotionally disclosing after angry episodes, whilst satisfaction was poorer when therapists were seen as a "blank screen". This non-response from therapists was more

common than extreme angry responses and was rated as more damaging to treatment, as it was interpreted as “a lack of care, since anger from a valued other should matter” (Dalenberg, 2004; p.442). Overall the therapist responses that correlated with more satisfaction and positive outcomes in this sample were those that referred to the “perception that the therapist struggled to maintain a connection to the patient, engaged in an internal battle on the patient’s behalf, and self-analysed in an effort to achieve these ends” (Dalenberg, 2004; p.446). This highlights the importance of the co-creativity of the alliance, with the therapist reflecting on their part in the anger event. As Dalenberg (2004) states, “it may be more effective for the clinician to use the opportunity to model self-analysis, that is, willingness to turn inward and take seriously the viewpoint of another that one’s behaviour may not be justified by the situation. That is, after all, what we ask from the patient” (p.444).

The importance for the therapist to model self-analysis and maintain a connection with the client is reflected in research on confrontation ruptures. Research carried out by Coutinho, Ribeiro, Hill and Safran (2011) explored the experiences of both therapists and clients of withdrawal and confrontational ruptures. I have focused mainly on what they term confrontation ruptures as they bear most similarity to the explicit expression of anger as “the client moves against the therapist, either by expressing anger or dissatisfaction” (Coutinho et al, 2011; p.525). They found clients in both types of ruptures experienced a range of emotions, such as feeling sad, or helpless, and ambivalent or confused and, in confrontation ruptures clients experienced feeling abandoned or criticised by the therapist. More frequently in confrontation ruptures, clients reported the event had a negative impact, and they reported having felt angry or disappointed with their therapist. In expressing their dissatisfaction clients expected the therapist to change strategies and be more flexible to try and resolve the rupture.

An important aspect in the resolution of the client’s explicit expression of anger is the use of “staying with the client’s feeling” of anger as a therapeutic technique (Mackay, Barkham & Stiles, 1998). Although this finding is based on a single case study of an anger event in psychodynamic-interpersonal therapy,

it is helpful to further understand anger in the therapy room. In this case they found staying with feelings was very important in the change process as it meant the "anger schema had been activated and was therefore amenable to reorganisation" (p.287). They found the technique of staying with feelings was more helpful than pointing out the interpersonal consequences of expressing feelings, however in this case study the anger was directed to an external other, rather than towards the therapist and so the focus was not on what was occurring between therapist and client within the therapeutic relationship.

Similarly, this is reflected in research looking at the client's retrospective recall of resolved and unresolved misunderstanding events which, although it does not explicitly include client anger, can illuminate understanding of these events. Rhodes, Hill, Thompson & Elliott (1994) found more misunderstandings were resolved when the therapist allowed for the continued discussion of the misunderstanding in the ensuing process for clients to be able to assimilate what they had learnt from this experience. Furthermore an important part of the resolution of these misunderstanding events was when clients perceived the relationship as good and felt they were in a safe and supported environment.

2.2.2 The therapist's experience

As can be seen there is little empirical work on client anger from the client's perspective, with much of the existing work focusing more on the therapist's view (Binder and Strupp, 1997; Hill et al, 2003). I will now look at the existing literature on the therapist's view, as understanding this can be helpful in shedding some light on the dynamics involved in anger events within the therapeutic relationship.

Challenges for the therapist

The therapist's experience of being on the receiving end of client anger is particularly difficult and the literature states "clinicians and researchers agree that anger represents one of the most challenging emotions we encounter in psychotherapy" (Norcross & Kobayashi, 1999; p.275). When clients are "overtly hostile and angry it may present one of the most difficult affective

situations for therapists to handle, especially when the hostility is directed toward the therapist" (Butler & Strupp, 1991; p.131). Maroda (2010) agrees that many therapists don't know how to handle angry clients and the expression of their anger towards them, especially as this provokes in the therapist reactions that can go against their therapeutic stance of being curious, compassionate and accepting.

The expression of a client's anger towards their therapist can elicit a range of affective responses in therapists. For example, Pope & Tabachnick (1993) found 80% of therapists surveyed felt afraid or angry when clients were verbally abusive towards them and Hill et al (2003) found that when therapists were the targets of hostile client anger, they felt incompetent, annoyed or frustrated. As Safran & Muran (2003) state confrontation ruptures are "likely to arouse intense and disturbing feelings of anger, impotence, self-indictment and even despair in therapists… therapists often find being the object of intense aggression for a prolonged period of time particularly difficult to deal with" (p.154).

These strong affective responses aroused in the therapist can make it difficult for them to respond therapeutically. Hill et al (2003) looked at when therapists were the target of hostile versus suspected-unasserted client anger. They found that when therapists were the targets of hostile client anger they felt less concern and care for their clients and seldom encouraged them to express and work through their feelings, leading to clients cancelling sessions and ending therapy.

Matsakis (1998) observed that when therapists are met with angry confrontation from their clients it is hard for them not to respond personally and they commonly either feel they did something wrong and withdraw or feel defensive and retaliate. Binder and Strupp (1997) found in anger events there is a tendency to be caught in negative interactional cycles – whereby therapists respond to client hostility with counterhostility. On the other hand, Maroda (2010) describes how therapists can become submissive during periods of verbal hostility from their clients, as it might be easier to respond in this way, but when the therapist withdraws from the angry client it is of no therapeutic

value and can even lead to adverse effects as the therapist supresses their feelings or acts out in a passive-aggressive way.
When therapists are the objects of intense aggression from the client, they can be paralysed by their own internal conflicts concerning their aggressive feelings, which can make it impossible for them to reflect more fully on what is taking place in the interaction as their internal space collapses (Safran & Muran, 2003). Furthermore their own internal challenges at times of ruptures can mean "the therapist's anxiety can easily prompt them to lock into existing theoretical ideas." (Safran & Muran, 2003; p.73)

Kohut (1977) describes how defensiveness is one of the therapists' most dangerous enemies and can block exploration, as therapists fight back with interpretations and subtle accusations of defensiveness and resistance.

As the research literature demonstrates it is important for the therapist not to get caught up in these negative interactional cycles (Henry, Schacht & Strupp, 1990), but to try and work through these moments effectively to have better therapeutic outcomes. These moments of relational ruptures can be seen as "interpersonal markers indicating critical points in therapy for exploration" (Safran & Muran, 1996; p.447) and the current research and literature suggest the following aspects that might be helpful in working through these relational ruptures.

Facilitating exploration

Safran & Muran (2003) have developed a stage-process model, as a result of more than a decade of research to identify stages, and modelling patterns of transitions between them to facilitate working through confrontation ruptures. In this model they describe disembedding, where the process of exploring the interactive matrix becomes the therapist's priority. In this stage, instead of the therapist becoming caught up in enacting a viscous cycle, they propose metacommunication is key as the therapist talks about their interaction with the client, rather than withdrawing or retaliating. In this way metacommunication can help to re-establish the therapist's internal space thus opening up exploration, as the therapist aims to understand the client's experience

empathically, at the same time as striving to recognise and acknowledge when they have become embedded in the client's relational matrix.

The importance of metacommunication in enabling exploration is further enhanced by Safran, Muran & Eubanks-Carter (2011) in their review of the existing empirical research on therapeutic alliance ruptures where they found several therapeutic practices that were helpful in rupture repair. These were the therapist exploring what is transpiring in the relationship when a rupture has occurred; allowing space for the client to express negative feelings about the therapy or assert their perspective; for the therapist to empathise with the client's experience and validate them for broaching a difficult area; for the therapist to respond non-defensively and accept responsibility for their contribution and for an in-depth exploration of what is happening between them or of the client's experience.

Schore (2003) talks about how joint exploration of ruptures in relatedness can take the client and therapist to a deeper level of understanding. He suggests that staying connected to the client's affective state during the stressful rupture of the therapeutic alliance can help the client work with affectively tolerable doses in the context of a safe environment, so overwhelming feelings can be regulated and adaptively integrated into client's emotional life. In this way the therapy can be "of great assistance in that passage to maturity, where one becomes master of his or her emotions as opposed to their slave" (Panksepp & Biven, 2012, p.152).

Some aspects of this process of joint exploration are akin to the development of the capacity for mentalisation (Fonagy & Target, 1997) and "mindsight" (Siegel, 1999) in infants. In secure attachments it is the shared dialogue of internal experiences as the attachment figure attunes to the infant's signals, makes sense of them and communicates this back to the infant, that represents a movement from mainly right brain to incorporate left brain activity, integral for the infant to develop the capacity to recognise, reflect on and to make sense of the internal and external worlds in which they live (Siegel, 2001).

Another integral part of this joint exploration are reflections on the mutual enactment between the therapist and client and so it is important for the therapist to acknowledge their own contribution. As Guntrip (1969) states "Only when the therapist finds the person behind the patient's defences, and perhaps the patient finds the person behind the therapist's defences, does true psychotherapy happen" (p.352). Through the therapeutic process it is inevitable enactments will occur, as either the client's or therapist's behaviour or words stimulate an unconscious conflict in the other, leading to "an interaction that has unconscious meaning to both." (Chused, 1991, p.615). It is important for the therapist to be aware of these possible enactments and attend to them through open exploration of the present encounter so it becomes possible to discern the subtleties of these unconscious exchanges, and offer a new relational experience in which older patterns may be changed.

Restructuring interpersonal schema

Just as the oscillation between moments of affective misattunement and repair facilitate the infant in developing an adaptive relational schema, the same is true in the therapeutic relationship (Stern, 1985; Tronick, 1989). Therapeutic ruptures are inevitable and highlight tensions that are inherent in negotiating relationships with others. However, if they are worked through effectively they can lead to therapeutic gain (Safran, Muran, Samstag & Stevens, 2002) and can have the potential to facilitate more authentic ways of relatedness.

Safran & Muran (2003) talk about confrontation markers, where aggressive responses of the self are perpetuated when the client has a desire to be looked after but they go into therapy and see the therapist as another person who will fail them. When the therapist inevitably fails them this triggers rage and disappointment, which is then expressed to the therapist who, when confronted, responds defensively thus providing the expected response of the other. However, if the therapist empathises with the client's experience of and reaction to the rupture, they show that potentially destructive feelings such as anger, are acceptable and that experiencing relatedness is not dependent on disowning these parts of oneself. This is similar to what Weiss (1986) terms the transference test. This describes how the client is always unconsciously testing

whether it is safe to acknowledge previously discarded feelings, as the therapeutic relationship reactivates the client's internal working model that encodes strategies of affect regulation and unconscious expectations of responsiveness and emotional availability of others. Weiss (1986) states that a central mechanism to change is in the therapist's ability to act in a way that disconfirms the client's beliefs and so, if at these stressful ruptures, the therapist is able to stay with and connected to the client's affective state, this can allow for potential interactive repair. In this way, the therapist's skill in affective empathy and allowing exploration of feelings and impulses with interest, objectivity and without defensiveness at these challenging times, offers a different experience to that in everyday life and allows for potential interactive repair (Schore, 2003).

Emotional honesty and availability

Throughout this process it is important for the therapist to demonstrate the capacity to remain "emotionally available" and connected to the client, not just cognitively but also affectively. As Bugental (1987) states "There is a crucial difference between attending to patient reports of subjective experience and actually coming into immediate intersubjective communication". (p.11)

This immediate intersubjective communication includes a willingness on the part of the therapist to explore their own contribution to the situation and to acknowledge that the client's fears may be based on an accurate perception of some of the therapist's actions or attitudes (Schafer, 1992). If the therapist cannot see their contribution, they should encourage clients to articulate their perception of how the therapist contributed (Aron, 1996).

The importance for the therapist to acknowledge and take responsibility for their own contribution is a critical aspect in working through any ruptures (Maroda, 2010; Safran, Muran & Eubanks-Carter, 2011). This value of emotional honesty and availability on the part of the therapist, means the therapist remains fully engaged in the relationship, so that the dynamic does not just reside in the client, with the therapist placed outside the interaction (Safran & Muran, 2003; Dalenberg, 2004).

Containment of Negative Affect

Developmentally, Bion (1963) notes how important it is for the baby to sense the mother can 'contain' and tolerate its projected distress without disruption of her maternal function, so these frightening and distressing affects can be lessened and given back to the baby in an acceptable form. Stern (1985) illustrates the value of affect attunement and retaining connectedness through these moments of negative affect so, although initially regulated by others, the infant becomes increasingly capable of self-regulation and of flexibly moving between self and mutual regulation (Beebe and Lachman, 1998). Just as affect attunement and containment of negative affect are integral in the mother infant dyad and development of the self, the same is true within the therapeutic relationship, where they are integral in facilitating the client in their capacity to process emotions, modulate stress and develop self-regulation (Schore & Schore, 2008).

Winnicott (1949) suggested there are some situations where the most important thing the therapist can do for the client is to survive his anger or destructiveness. To tolerate the client's critical and angry feelings is hard and it is inevitable the therapist will respond at times as a human with their own anger and defensiveness. The client and therapist are constantly reading and influencing each other on an unconscious affective level, and what may be most important is not what the therapist says but rather their ability to respond to their client's unbearable feelings with their own sense that they are bearable and not catastrophic.

For this to take place the therapist needs to be able to tolerate and stay with the feelings evoked in them by the client's intense emotions, and so this process of surviving and containing can be understood in terms of a form of affective communication through which therapist helps the client to learn to tolerate and regulate their own affective experience. This in turn helps the client to utilise their own affective experience in a constructive fashion and develop the capacity to get their needs met in interpersonal relationships. Fletcher & Milton (2010) in their paper about the therapist's experience of aggression from

their clients, found it was helpful for therapists to bear and survive their client's anger without attacking back or freezing in their fear. This is consistent with the literature on containment and that the therapist's "task is not to transcend angry or defensive feelings, but to demonstrate a consistent willingness to stick with patient and work towards an understanding of what's going on between them in the face of whatever difficult feelings emerge." (Safran and Muran, 2003, p155).

Just as intense feelings towards the therapist can be roused in the client, the therapist may also experience strong feelings in response to their clients. Heimann (1950) points out the potential danger of this as "violent emotions of any kind, of love or hate, helpfulness or anger, impel towards action rather than towards contemplation and blur a person's capacity to observe and weigh the evidence correctly" (p.82), and so at these times the therapist can be drawn in to acting out these feelings in a destructive manner.

Carpy (1989) suggests that if "the analyst is able to tolerate such feelings, then this by itself can help the patient and produce psychic change" (p.289). Tolerating these feelings does not mean the therapist will remain unaffected, but it is this inevitable partial acting out of the countertransference which allows the client to see the therapist is being affected by what is projected, is struggling to tolerate it and, if the therapy is to be effective, is managing sufficiently to maintain their therapeutic stance without grossly acting out. In this way, the client is able to integrate previously intolerable aspects of themselves, and so it is through these non-verbal interactions that can facilitate change.

As Siegel (2010) describes this requires the therapist to be aware of their own "windows of tolerance", especially "which ones are particularly narrow and restricting our ability to be present and attuned with others' emotions" (p.51), such as in response to anger. In addition, he explains how "a mindful therapist" needs to be attuned to the client's boundaries to work at a "safe but not too safe" zone which enables "the contained disorganization and reorganization necessary for the system of the person to change" (p.52).

Self-disclosure

So far the importance of implicit communication within the therapeutic dyad has been demonstrated, however there is some debate about the benefits of explicit communication, where the therapist openly self-discloses their countertransference to the client. There can be both costs and benefits to the therapist's self-disclosure and so the therapist needs to be aware of the potential consequences (Wachtel, 2008). Heimann (1960) questioned the usefulness of self-disclosure in this way and felt it 'would be a burden to the patient and lead away from the analysis'. Conversely Gabbard (1996) felt it could be beneficial as "It involves silent processing, but it also entails verbal clarifications of what is going on inside the patient and what is transpiring in the patient-analyst dyad" (p.198).

The possible effects of therapist self-disclosure can be dependent on several factors. Winnicott (1949), in "Hate in the Counter-transference", spoke about the possible benefits of the therapist's disclosure of their own negative feelings towards the client if there is a safe and trusting relationship. This is in some way echoed by Myers & Hayes (2006) who found the effects of countertransference disclosures were dependent on the quality of the therapeutic relationship and, if the therapeutic alliance is perceived as negative, it is better for the therapist not to make disclosures. Henretty & Levitt (2010) in an extensive review of the empirical literature around self-disclosure found there was a difference in the type of self-disclosure. They found self-involving disclosures, where the therapist expresses their own immediate reactions to the client, elicited more positive responses from clients compared to self-disclosing communication which is about the therapist's personal experience, rather than directly concerning the client.

Maroda (2010) discusses how feedback from the therapist about their own process of articulating aspects of their own struggle around an angry interaction can be beneficial as it conveys the message that these difficult feelings can be talked about and dealt with explicitly, thus enabling the client to feel more comfortable in acknowledging and discussing their own angry feelings. However, whilst Maroda (2010) is wary to advocate the therapist's self-

disclosure of negative feelings, she does believe that awareness and acceptance of the counter-transferential feelings, instead of avoidance, can help facilitate a positive outcome and lead to a more genuine level of relating.

2.3 Concluding thoughts

Whilst my appraisal of the literature and research elucidates some research in the area of a client's anger towards their therapist, there are gaps in knowledge around this specific area which this research aims to bridge.

As described much of the existing knowledge is based on the related area of therapeutic ruptures (Safran & Muran, 1996; Safran, Muran & Eubanks-Carter, 2011). Whilst this is helpful, it does not specifically focus on the area of a client's anger towards their therapist, which is the focus of my research.

Much of the research that specifically focuses on client anger, looks at anger in the therapy room in general, rather than when client anger is directed towards the therapist (Mackay, Barkham & Stiles, 1998). Or it looks at specific client groups, such as trauma clients (Dalenberg, 2004) and personality-disordered clients (Coutinho et al, 2011) and in doing this I wonder if it means the anger event is attributed to the psychopathology of the client group. This research does not focus on anger as a presenting problem for psychotherapy, but it is interested in understanding the experience and explicit expression of anger as an in-session experience, in response to a trigger evoked by the therapist, to further understand anger as a normal and natural emotional response, especially at times of disruptions in relatedness.

Furthermore, in general the research there is on client anger and confrontation ruptures represents a relatively negative view of the explicit expression of anger in the therapy room, perhaps partly as it focuses on the therapist's perspective, for whom being the target of a client's anger is a difficult situation (Butler and Strupp, 1991; Pope and Tabachnick, 1994). I am interested to see whether the same will be true from the client's perspective.

Attendance to therapeutic ruptures is an important clinical skill and may actually be an intrinsic part of the change process. If successfully resolved, ruptures can have positive consequences (Horvath & Symonds, 1991; Safran & Muran, 2003) and, if unresolved, can lead to weakened alliances which are correlated with unilateral termination (Tyron & Kane, 2010). Therefore the process of recognising and addressing ruptures in therapeutic alliance plays an important part in successful therapy, but in practice are difficult to handle.

Even more so, when a client explicitly expresses anger towards their therapist it presents one of the most difficult therapeutic situations (Butler and Strupp, 1991; Pope and Tabachnick, 1994; Strupp, 1980), and it can have the potential to transform or damage the therapeutic relationship. Therefore my research, to further understand and explore the client's experience of explicitly expressing their anger towards their therapist and the processes involved, makes a significant contribution to clinical work.

3. METHODOLOGY

3.1. My Research Journey

> "A journey begins before the travellers depart" (Charmaz, 2014, p.1)

My own curiosity, experiences and meaning around the explicit expression of anger have been present professionally, from early on in my training as an integrative counselling psychologist and psychotherapist. This curiosity led me to embark on this research journey, sparking possible paths I might take, and eventually leading to my research area and formulation of my specific research questions.

Rather than ignore the integral part that my own curiosity and experiences have played in my research choices, I wanted a methodology that embraced and acknowledged this and so fostered a continual awareness and reflexivity about my actions and decisions. This provided a parallel between the topic of my research because, just as our experiences of anger cannot be separated from our mental lives, perceptions, interpretations and basic philosophy of life, my emotional experiences, cognitions, perceptions, interpretations and basic philosophy cannot be separated from this research.

Underlying my approach as a psychotherapist and a trainee integrative counselling psychologist is a dialectical perspective, which embraces the complexity of the truth and allows for openness to exploration. I needed to choose a methodology to reflect this phenomenological stance which honours the subjectivity of others (Heidegger, 1962) and aims "to seek out subjective interpretations of experience" (Havercamp, 2005). This would also fit well with my chosen research area, which aims to better understand the complex and subjective nature of anger and the experiences and processes involved in its explicit expression in the therapeutic situation.

3.2 Possible Journeys

One such methodological possibility for me was IPA, specifically developed to allow the exploration of idiographic subjective experiences (Smith, Harre and Van Langenhove, 1995). Its aim is to understand the meaning an individual gives to different events and to acknowledge that the researcher's engagement with the participant's text has an interpretative element.

However, whilst this fits with my own epistemological view, the research methodology is not primarily driven by the researcher, but more so by what might lend itself best to the research question, as the journey begins in asking "what do I want to know in this study?" (Janesick, 1994). Whilst IPA would give an interesting and enlightening account of participant's "lived experience" (Reid et al, 2005), for my specific research purpose, to understand the client's experience of explicitly expressing anger towards their therapist, I felt this would only be part of the picture. The purpose of conducting my research falls under theory or construct-oriented research (Haverkamp and Young, 2007), where the research seeks not only to explore participants' subjective experiences, but aims to go one step further to understand and explain some of the processes involved and develop a theory of these findings to enhance clinical practice.

Therefore I adopted a grounded theory methodology as it enabled me to both further understand the subjective experiences of the clients and also to construct a tentative theory of what happens when a client explicitly expresses their anger towards their therapist.

I will now look at the history of grounded theory, before outlining my specific choices within this methodology.

3.3 The Journey of Grounded Theory

Historically in social sciences, quantitative studies were more popular as they fitted with the scientific method, supported positivism and stressed objectivity, with an unbiased passive observer. Then grounded theory emerged, sparking a growing interest in qualitative research.

Since the original method, grounded theory has evolved incorporating many variations, which exist on a methodological spiral and reflect different epistemological underpinnings (Mills, Bonner & Francis, 2006). Overriding these many variations exist three main traditions, Classic, Straussian and Constructivist Grounded Theory which, despite their significant divergence primarily on philosophical underpinnings, treatment of the literature and coding practices, continue to embrace a number of the original techniques (Kenny & Fourie, 2015).

Grounded theory, was originally developed by Glaser and Strauss (1965, 1967) and it was influenced by a positivist epistemology whereby it held the assumption that there was a truth and the researcher was a scientific observer. It consisted of a set of flexible guidelines to take the researcher through from data collection and analysis to construct theories that are "grounded" in the data (Glaser and Strauss, 1967). Glaser and Strauss

"chose the term 'grounded theory' in order to express the idea of theory that is generated by (or grounded in) an iterative process involving the continual sampling and analysis of qualitative data gathered from concrete settings, such as unstructured data obtained from interviews, participant observation and archival research." (Pidgeon, 2005, p76)

Underlining this original version was the principle that the researcher would unobtrusively *discover* an emergent hypothesis. However, this later formed one of the main critiques of classic grounded theory as an inconsistent methodology with a positivist paradigm but an interpretative coding procedure (Kelle, 2005; Kenny & Fourie, 2015).

Following the origins of grounded theory, Glaser and Strauss split and took diverging directions, with Strauss uniting with Juliet Corbin, forming Straussian grounded theory. In this they adopted a postpositivist and constructivist stance, where they acknowledged the importance of multiple perspectives and "truths" (Strauss and Corbin, 1994) and although they used terms such as maintaining objectivity, they also emphasised that "it is not possible to be completely free of bias" (Strauss & Corbin, 1998).

A main point of divergence of the grounded theory variations "relates to *how* and *when* existing literature should be used" (Dunne, 2011, p.111). This formed one of the central factors underpinning the Glaser and Strauss split, as Strauss came to deviate from the original stipulation that researchers should not engage with the research literature during the early stages of the research process for fear of contaminating, inhibiting or stifling the researcher's analysis of codes emergent from data (Glaser and Strauss, 1967).

Another significant divergence in Straussian grounded theory was in the development of a rigorous and highly specific coding strategy to *create,* rather than *discover,* a theory closely related to the data. However this coding strategy was criticised for being too rigid and positivist (Charmaz, 2000), and there have since been many reformations of this form of grounded theory.

One such formulation is constructivist grounded theory, which models an interpretative paradigm (Willig, 2001). It is underlined by a relativist ontology with the assumption that multiple realities exist, and so the data reflects mutual constructions between the researcher and participants and highlights the significance of the relationship between them (Charmaz, 2006).

Whilst constructivist grounded theory incorporates many central tenets of the original approach, it also answers many criticisms, mainly that research does not offer an exact picture of the studied world but rather an interpretive portrayal of it – a construction of reality (Charmaz, 2000). It denies an objective reality "asserting instead that realities are social constructions of the mind, and that

there exist as many such constructions as there are individuals (although clearly many constructions will be shared" (Guba & Lincoln, 1989, p43).

It emphasises the subjective and dynamic interrelationship between researcher and participant and the co-construction of meaning (Pidgeon & Henwood, 1997), whereby "the research reality arises within a situation and includes what researchers and participants bring to it and do within it" (Charmaz, 2014). The researcher is not seen as a "distant expert" (Charmaz, 2000) but rather there is an emphasis on the person of the researcher as the very research instrument (Lave & Kvale, 1995) and as the author of a reconstruction of experience and meaning (Mills et al, 2006).

Fitting with the constructivist paradigm, and in a divergence from the previous forms of grounded theory, constructivist grounded theory incorporates a flexible, intuitive and open-ended coding procedure, whereby the researcher *constructs* an interpretative understanding of the social process (Kenny & Fourie, 2015).

Constructivist grounded theory encompasses many techniques of the original approach, to include theoretical sampling, constant comparisons, identifying the core categories, memo writing, diagramming and saturation (McCann & Clark, 2003b). These techniques allow for developing ideas to shape and advance the analysis, whilst simultaneously preventing it from becoming stuck and unfocused (Charmaz, 2014). In constructivist grounded theory, just as "discovered" reality arises from an interactive process, analysis involves a cyclical process of constant comparison of the data. Any theoretical conceptualisations are systematically dismantled through categorisation and then put back together again through the process of theory construction, as it moves from description to interpretation. As such the research is co-constructed as it "requires the researcher to engage in interpretative work, unravelling the multiple perspectives and common-sense realities of the research participant." (Pidgeon, 1996). The researcher must remain open about what is happening and Dey (1999) and Charmaz (2000) express

concerns about foreclosing any analytic possibilities or constructing superficial or unfocused analyses.

3.4 My Choice

In line with my own epistemological stance, whereby I see much of thought, reality and perception as determined by personal experience and interpretation (Cohen and Manion, 1994, Spinelli, 1989), I have chosen to use Charmaz's constructivist grounded theory (2000). As well as fitting with my own philosophical values and beliefs, this methodology lends itself to my chosen research area as, whilst anger is a universal human emotion, it is a multifaceted, subjective experience, which is mutually constructed and influenced by individual perception. This is suited to Charmaz's constructivist grounded theory which permits both a deeper understanding of the subjective nature of the expression of anger and the nuances of the unfolding processes in addition to looking for commonalities and any conceptual themes and relationships that might start to emerge.

Furthermore, anger does not happen in isolation. It is interactive and dependent on the nature of the situation, familial and cultural context. Constructivist grounded theory allows for inclusion of these factors as it holds that "the 'discovered' reality arises from the interactive process and its temporal, cultural and structural contexts" (Charmaz, 2000).

Anger can be a difficult emotion to grasp, as it can be uncontrollable and elusive. Therefore I felt constructivist grounded theory, with its set of guidelines, would enable me, the researcher, to gain a handle on this complex emotion, whilst also allowing the flexibility to see and follow whatever started to emerge from the data and follow any new leads. In this way, it is helpful for me to conceptualise Janesick's (1994) dance metaphor to see my research journey as being guided by a set of principles and "grounded" in the data but also being flexible to my own interpretations and adaptations and view the research design as "…elastic" (Janesick, 1994). "Like the dancer who finds her centre from the base of the spine and the connection between the spine and the body, the

qualitative researcher is centered by a series of design decisions. A dancer who is centered may tilt forward and backwards and from side to side, yet always returns to the centre" (Janesick, 1994, p39).

Furthermore Mills et al (2006) describe how constructivist grounded theory provides a guide rather than a prescription to this methodology, just as my research will enhance clinical practice through providing a guide to assist in managing the processes involved when a client explicitly expresses anger towards their therapist.

Constructivist grounded theory brings the notion of me, the researcher, as author to the fore. This research methodology requires a constant reflexivity and transparency about my own decisions and actions with a continual awareness of any of my own biases as they arise and the impact they may have throughout the research process. Drawing on this reflexive stance, throughout the simultaneous analysis and data collection, allows for a constant reframing of research questions, using what is starting to emerge from the data to inform and shape the research process. This reflexivity about my own process has been apparent throughout the research process, from the initial proposal and participant selection, through to interviewing, and analysis. In this way "truth is *both* constructed *and* discovered" (Safran & Muran, 2003).

3.5 Exploratory Interviews

Before embarking on my research, discussing my initial ideas with my peer group demonstrated that, whilst there was much interest in this research area, the extent of the topic of anger was vast and complex. This led me to conduct three face-to-face exploratory interviews with a view to help refine the recruitment criteria and interview schedule, in addition to honing my interview skills. The interviews were conducted with female integrative psychotherapy trainees who were known to me and who had expressed interest to me about talking about their experiences of explicitly expressing their anger towards their therapist in response to something their therapist had done. They were on integrative training courses and had been with the therapist with whom they

expressed their anger for at least eight weeks before expressing their anger. They were aware I was in the exploratory stage of my research and that, although their interview would be audio recorded and transcribed, it would not be included in my data analysis.

From these exploratory interviews, the complex and subjective nature of anger was highlighted and this led to a tightening of the recruitment inclusion criteria, as will be outlined in the 'selecting the sample' section. It also led to adapting and opening the interview schedule to incorporate some new aspects that arose from these interviews. In particular, it was evident how the processes leading up to the client's expression of anger, such as their beliefs and attitudes around anger and their perceptions of the therapeutic relationship prior to the anger event were relevant and so the interview schedule was widened to incorporate these areas. In my clinical work I often wonder whether my particular stance and the therapeutic space feels safe enough for my clients to express their anger towards me and so understanding the processes leading up to the explicit anger expression are imperative to fully understand the client's experience of explicitly expressing their anger.

In addition, I view research interviewing as a craft (Kvale & Brinkmann (2009), and so conducting the exploratory interviews helped build my confidence in my role as a novice research interviewer. As these participants were known to me and I had a connection with them, it gave me the opportunity to gain feedback from them about their experience of the interview.

3.6 Reflective Journal

In conducting these exploratory interviews, I became aware of how some of my own feelings and tendencies arose in my role as the researcher and I started to record these in a reflective journal which continued throughout the research process (See Appendix I) (Lincoln & Guba, 1985; Ortlipp, 2008). I found externalising my own process in this way was grounding and, in line with constructivist grounded theory, rather than see myself as an "objective data-

gathering tool" I needed to be mindful of my own "baggage" and the impact this may have on the research process (Ortlipp, 2008).

Keeping a reflective journal was vital in bringing any underlying feelings and their possible impact into my awareness. As "The interviewer's thoughts, feelings, fears and desires impact on the interview, but they are not visible in the data or the transcripts. The process of reflection helps to bring the unconscious into consciousness and thus open for inspection" (Ortlipp, 2008, p703).

3.7 Selecting the sample

As with qualitative samples, recruiting participants for my study was purposive rather than random, as it was selected based on from whom the most could be learnt (Miles and Huberman, 1994; Haverkamp & Young, 2007; Suzuki, Ahluwalia, Arora & Mattis, 2007). In doing this I was aware of the impact of the co-creation right from the start as the sample selection would "determine the data that we produce, the meanings that we craft from those data, and the knowledge claims we make" (Suzuki et al, 2007, p.296).

I selected participants who were "information rich", due to their knowledge and experience in the phenomena being studied and in their ability to articulate, express and reflect on their knowledge and experiences (Patton, 2002; Polkinghore, 2005). Therefore the sample was selected according to the following inclusion criteria:

- The participants had to have explicitly expressed (i.e. verbalised) their anger towards their therapist in response to something their therapist had done. There was no stipulation as to *how* participants verbalised their anger because, as was apparent from the exploratory interviews, anger can be verbalised in both spoken and written forms, all of which offer valuable insights.
- Anger is very subjective and can range in intensity from mild irritation to rage, and so it was important to ensure the commonality of only

significantly felt anger experiences. To ensure this, when participants were initially being screened to participate in the research they had to rate their anger as 5 or above on a 10-point scale (where 0 is not at all angry and 10 is extremely angry) to quantify their felt sense of anger towards their therapist.

- The participants had to be the same gender, which was female. This decision was made because, although research has shown there are no significant gender differences in the reported experience of anger (Kring & Gordon, 1998), there is some evidence of differences in the social context of these experiences (Fischer & Evers, 2010), in particular in interpersonal relationships (Strachan & Dutton, 1998).
- The participants were therapy clients who were trainee therapists. Whilst I understood using trainee therapists could impact on the data as they might have some understanding and biases about the processes involved around ruptures, on balance I felt using trainee therapists would be more beneficial than using "regular" clients. This is because they may be able to articulate their experiences in a more reflective way, which would lead to gathering rich data (Charmaz, 2006). There were no stipulations on the stage of training of participants, or their experience as a therapist, although this information was gathered in the pre-interview questionnaire.
- The participants were not in therapy specifically for anger, as the focus of this research was in understanding episodic anger events and the processes involved, i.e. in response to a trigger, rather than anger related more to character traits.
- The participants were on integrative/relational/humanistic courses and had explicitly expressed their anger to an integrative/relational/humanistic psychotherapist. I stipulated these modalities as this research is aimed at understanding how the client's anger was worked through relationally, and so these modalities, where the therapeutic relationship is an open and integral part, would produce the richest data.

- The participants had to have been with their therapist for at least 8 sessions prior to the anger event to ensure they had established a therapeutic relationship before expressing their anger to their therapist.
- As was evident in conducting the exploratory interviews, talking about their experience of expressing anger to their therapist brought up many complex feelings, even long after the anger event. Therefore, participants could not still be in therapy with the therapist they explicitly expressed anger towards, as participating in this research could impact on their therapy. As participating in this research could bring up different feelings, a recruitment criteria was they had to currently be in therapy (with a different therapist), so they would have support should anything arise from the interview.

In selecting the sample I was aware of my own insider/outsider perspective as a researcher within this community. Harrington (2003) talks about the importance of "gaining entry and rapport" in a successful research process. I felt that my status as a fellow trainee integrative counselling psychologist could make it easier for participants to talk openly as we were part of a shared community. However, whilst I could identify with some of the characteristics of participants (e.g. gender, trainee, experienced anger towards a therapist) I could not identify with others (namely explicitly expressing my anger), and so was reminded "of the complex reality that we are always both insiders and outsiders" (Suzuki et al, 2007).

3.8 Participant Recruitment

To recruit participants for this research, I devised a recruitment advert (see Appendix II). This recruitment advert introduced and explained the purpose of the research, outlined the recruitment criteria and how individuals could contact me via telephone or email if they were interested in participating, or if they required any further information. It also explained that participation in this research would involve a 90 minute face-to-face confidential interview that would be audio recorded.

A hard copy of this recruitment advert was placed on the research notice board at the Metanoia Institute. I contacted other training institutes in London/Greater London who offered integrative/relational/humanistic psychotherapy or counselling psychology training courses and then emailed the recruitment advert to the institutes who were willing to place this advert on their research notice board, or email it to trainees via their virtual learning environment. These training institutes were the University of Roehampton, Regent's University, City University of London, University of East London, CPPD Counselling School, Highgate Counselling Centre, The Minster Centre and The Manor House Centre for Counselling and Psychotherapy. In addition I contacted counselling services who utilised trainee therapists for them to place the recruitment advert on their notice board or distribute it to trainee therapists. These counselling services were Metanoia's Counselling and Psychotherapy Service and Ealing Abbey Counselling Service. The recruitment advert was also adapted and placed on the BACP online research notice board, although this did not produce any responses.

This initial round of recruitment produced seven responses via email and telephone. Following this initial contact I had a brief telephone conversation with potential participants where I checked they met all the recruitment criteria (Appendix III). Three of these potential participants had mistakenly applied as they did not fit the criteria, as one was male and two were still currently seeing the therapist with whom they expressed anger. The other four potential participants were sent a covering letter (see Appendix IV) which outlined the information they were being sent, invited them to ask any questions they may have regarding participating in this study and said that I would contact them the following week, once they had time to digest the information. With this covering letter, they were sent a participant information sheet (see Appendix V) outlining the purpose of the study and what participation would involve should they decide to take part. They were also sent a pre-interview questionnaire to capture additional information (see Appendix VI) and a consent form (see Appendix VII). The purpose of the consent form was to confirm that they had read and understood the information sheet given and had the opportunity to ask any questions, that they were aware participation was voluntary and they

could withdraw at any time and that the interview would be audiotaped and transcribed. The consent form was signed by myself and the participant before commencing the interview.

These potential participants were contacted a week later by telephone, once they had a chance to read through all the information and to decide whether they wanted to participate in this research. All four contacts were willing to take part in this research and so we arranged a mutually convenient time and place to meet to conduct the face-to-face interview. These four participants were from three different training institutes.

This same recruitment procedure was replicated six months later and initially produced a slow response, which could have been due to the advert going out at the start of the new academic year. Two months later I repeated this recruitment procedure again, and in addition I posted my recruitment advert on a "Linkedin" group for "Counselling Psychologists in Training". This phase of recruitment produced seven responses, two of whom did not fit the recruitment criteria because they were still working with the therapist who they expressed anger towards. The other five participants were sent the information described previously and they were all eligible and willing to take part in this research and so interviews were arranged. These five participants were from two different training institutes.

3.8.1 Participant Demographics

Table 1 shows the demographics of the nine participants. As mentioned previously, the nine participants were from three different training institutes. Five of the participants were trainee psychotherapists and four were trainee counselling psychologists. All their courses had a relational basis and the stage of their training varied from year one to year four.

The participants ranged in age from mid 20s to early 50s. They had experienced different amounts of personal therapy hours ranging from 50 hours of therapy, to many hours of therapy over a 6 year or more period.

As participants were trainee psychologists and psychotherapists I felt it was important to gather information about the amount of clinical experience they had “on the other side” as a therapist. I decided not to have this as a recruitment criteria as I felt it could unnecessarily limit recruitment, but felt it was important to capture this information as the level of clinical experience could impact on their experience and perspective as a therapy client. The amount of clinical experience as a therapist ranged from no experience to over 1,000 clinical hours.

The participants all explicitly expressed their anger towards female therapists, except one participant who expressed their anger towards a male therapist. All participants were seeing therapists in private practice.

Table 1: Participant demographics

Participant	Training	Personal therapy	Clinical hours
P1	Integrative Psychotherapy Year 2	Approx. 3 years	None
P2	Integrative Counselling Psychology Year 4	145 hours	550 hours
P3	Integrative Counselling Psychology Year 1	50 hours	85 hours
P4	Integrative Counselling Psychology Year 2	Many hours over the years	330 hours
P5	Integrative Psychotherapy Year 3	50 hours	380 hours
P6	Gestalt Psychotherapy Year 2	Approx. 6 years	10 hours
P7	Integrative Counselling Psychology Year 3	Approx. 5 years	Over 1,000 hours
P8	Transactional Analysis Year 2	Approx. 1 year	35 hours
P9	Gestalt Psychotherapy Year 2	Approx. 3 years	50 hours

3.9 The Research Interviews

The interviews took the form of face-to-face semi structured in-depth interviews, each lasting approximately 90 minutes, conducted at the Metanoia Institute, or in the participant's home. I chose to use semi structured interviews as this method fits well with constructivist grounded theory as the interviews are "open-ended yet directed, shaped yet emergent, and paced yet unrestricted" (Charmaz, 2014). As such, the interviews facilitated a balance in that they were similar enough to cover common themes, whilst also allowing the flexibility to follow different leads. They were wide enough to cover a range of experiences, whilst also being narrow enough to elicit participants' subjective experiences and explore these in depth. I allowed for space between each interview (a minimum of a week), to help separate one from another and to allow time to reflect and prepare for the next one (Rubin & Rubin, 2005). Analysis took place alongside conducting the interviews, to feed into subsequent interviews to check and develop emerging themes.

The in-depth interviews followed the rules of directed conversation (Lofland & Lofland, 1984), aimed to elicit the key events in understanding the clients' experiences of explicitly expressing their anger towards their therapist, together with the contexts and the processes that contribute to shaping those events. In the interviews I was interested in gathering data rich both in depth and in detail, to add layers of meaning and understanding (Rubin & Rubin, 2005). Importantly this was done through exploration, not interrogation (Charmaz, 1991b).

Throughout the interviews I asked short, open-ended questions to gather detailed answers from participants and I would clarify any contradictions or uncertainties that arose during the interview itself (Kvale, 1996). This served to uncover the complexity and depth of the participants' experiences as the interviews were flexible to allow the questions to evolve.

The interviews consisted of a mix of “main questions”, which formed the scaffolding of the interview, combined with “follow-up questions and probes” to ensure “depth and detail, vivid and nuanced answers, rich with thematic material” (Rubin & Rubin, 2005).

The main questions were prepared prior to the interviews in an interview schedule (see Appendix VIII) and were formulated to encourage participants to talk openly and in depth about their experience of explicitly expressing their anger towards their therapist in response to something their therapist had done. They served as a guide, rather than as a prescription, to shape the interview and to gather participants’ experiences around the following themes:

- Attitudes towards anger in general
- Therapeutic relationship prior to anger expression
- The expression of anger – what prompted it, how it was expressed, how was the experience
- What happened after the expression of anger – the therapist’s response, their response, emotions and behaviours
- Awareness of the outcome of expression anger
- Feelings about the interview

Just as I view my role as a counselling psychologist and psychotherapist in providing a “safe space” for therapeutic work to take place, I see an integral part of research interviews involves creating an atmosphere where the participant feels safe enough to talk freely about their experiences. For me this involved sharing my position as a student researcher at the start of the interview and how this research would form part of my Doctorate in Integrative Counselling Psychology and Psychotherapy by Professional Studies (DCPsych), as well as briefly describing my interest in understanding the client’s experience of explicitly expressing their anger towards their therapist.

Furthermore, in line with my consideration of therapeutic processes as "ongoing intersubjective experiences" (Stolorow & Atwood, 1992), I see the knowledge in research as being constructed from the direct interactions between the interviewer (researcher) and the interviewee (participant) (Polkinghorne, 2005). As with the therapeutic relationship, I believe the interview relationship is co-constructed but not reciprocal, as the researcher guides and directs the interview, whilst it is the interviewee's lived and subjective experience that is the focus (Kvale, 1996).

However, whilst I could draw on some similarities from my clinical work, I was mindful of the fundamental differences between a researcher and therapist and of the importance for me to stay "in role" of researcher and not take up the role of therapist (Suzuki et al, 2007).

Participants generally wanted to talk about their experiences of expressing anger towards their therapist, most likely as people often need to talk about difficult experiences, to help make sense of them and reduce the distress (Rubin & Rubin, 2005). In addition individuals' accounts can be self-justifying explanations for why people have done things that would normally be considered wrong (Lyman & Scott, 1968), such as explicitly expressing anger. An awareness of this was important in this research, and how my role was to understand the client's experience of expressing their anger towards their therapist rather than to take "sides" or apportion blame to either the client or the therapist.

3.10 Data analysis

"One of the unique features of grounded theory analysis is the dynamic interplay of data collection and analysis" (Payne, 2007, p.68), and so even though these processes are described separately, they took place concurrently.

I found it beneficial to transcribe each interview myself soon after it was conducted so each interview was relived which helped "retain some of the excitement of discovery and keep you feeling close to the interviewees" (Rubin & Rubin, 2005, p.226).

3.10.1 Coding

Once I had transcribed the interview, I then engaged in the process of coding, which is a transitional process between data collection and more extensive data analysis. The first step of this process was initial coding (see Appendix IX), where I went through each interview, using "gerunds" to help define what was happening in a fragment, in addition to *in vivo* codes to utilise the language of the participant, thus keeping the meaning alive (Charmaz, 2008).

After this I moved into focused coding (see Appendix X). During this stage I listed the number of times each focused code arose and identified codes that were "recurring or particularly significant in illuminating the studied phenomenon" (Charmaz, 2008). To enable me to manage and organise volumes of data that, at times felt overwhelming, I used Microsoft Excel to devise spreadsheets to systematically hold the focused codes and the raw data for these codes, which was colour coded according to each participant (see Appendix XI).

The initial phase of this process produced 157 focused codes, and this then varied throughout the analysis to a produce a range of between 101 and 167 focused codes. The data and codes were continually examined and those that were considered significant were placed into tentative categories. This required a continual reflexivity about my own preconceptions and staying true to the raw data, because the development of these codes and tentative categories would

shape the analysis (Charmaz, 2014). The tentative categories that started to emerge were indicative but not definitive and they raised unanswered questions that needed further consideration to better understand, strengthen and conceptualise the data. This led to theoretical sampling whereby further interviews were undertaken to explore these tentative categories. As such, theoretical sampling was employed to elaborate and hone these emerging theories and categories, through simultaneous interviewing, coding and analysis to strategically and systematically check and refine the categories (Charmaz, 2014). Focusing on the categories in this way, enabled me to maintain a balance between allowing commonalities to emerge whilst also highlighting the nuances and variation within the categories so as not to "erase multiplicities, ambivalences, contradictions and the very relationalities through which we negotiate social life itself" (Clarke, 2003).

Charmaz (2014) stressed the importance for the researcher to demonstrate flexibility and creativity, whilst always coming back to the data. This process of theory elaboration and definition involved constant comparison and interaction with the data to allow the categories, and the specific relations amongst them, to settle and grow in depth. I engaged in a repetitive pattern of coding new data, comparing codes with each other, and constantly revisiting interviews, existing codes and data to form the building blocks to construct full and robust categories and clarify the relationships between them. In this way the focused codes led to the development of sub categories and further development of categories. This cyclical process enabled me to anchor categories with a solid substantive base, and to gain clarity and a deeper insight to arrive at new theoretical formulations. With this there was a constant interchange between being immersed in the data and then moving out to abstract and make inferences about the data. Abbott's (2004) description really captures the essence of this process as it is likened to "decorating a room: you try it, step back, move a few things, step back again, try a serious reorganization, and so on" (p.215).

Once eight of the interviews had been coded the categories felt sufficiently robust, but I was cautious to stop gathering data too soon and arriving at false conclusions (Charmaz, 2014). I carried out an additional interview after which I felt confident no new properties were emerging and therefore these categories were sufficiently rich and had conceptual depth. Even though I understand the term saturation doesn't mean the analysis has reached a final limit or completeness (Strauss & Corbin, 2008; Charmaz, 2014), I feel this term can be misleading and so prefer instead to use the term coined by Dey (1999) and state the categories had reached 'theoretical sufficiency".

3.10.2 Diagramming and memo writing

Throughout the analysis I utilised invaluable grounded theory tools, namely diagramming and memo writing. Diagramming enabled me to contain the data and to visualise which focused codes might fit together and start to form tentative categories. Clarke, Friese & Washburn (2015) regard creating visual images of emerging theories as an intrinsic part of grounded theory and this was vital as my analysis progressed to gain a sense of a concrete representation of ideas (see Appendix XII). Another vital tool was memo writing. This started as I transcribed the interviews and I would note any free-flowing thoughts, to realise any information and nuances that may become lost as the interviews were transcribed into written text (Polkinghorne, 2005). This continued throughout the analysis, where I would record any flashes of insight that appeared whilst conceptualising the categories which served as prompts to strengthen the data, conceptualise the intricacies and make theoretical sense of what emerged.

These theoretical memos (see Appendix XIII) were used in conjunction with my reflexive research journal. However even though these tools were facilitative, trying to understand how to integrate and conceptualise these memos was a complex process, as data cannot always be tightly bound (Saldana, 2009) and the analysis did not always fit together in a neat and clear way.

3.11 Treatment of the literature

As is reflected in the differing versions of grounded theory, I experienced a tension with regards to when to engage with the literature review. Whilst I share the view "'it is impossible to achieve this idea of a clean theoretical slate" (Eisenhardt, 1989b, p.536), as this posits an unrealistic and idealistic position, especially as my own initial interest in my research area was prompted by some knowledge around this and an initial literature review was necessary to demonstrate the paucity of research and, therefore substantiate the reasons for my conducting this research. However, I agree that delaying the literature review can be beneficial as initially early exposure to established theoretical ideas left me in awe of the work of others, making it harder to believe in my own competence in the realm of theory development (Glaser, 1998). I agree with Strauss and Corbin (1998) in their distinction between an "empty head and an open mind" as there were times during the analysis when engaging with the existing literature was beneficial as it would prompt new ways of thinking and develop my theoretical conceptualisations, as it provided another voice to "stimulate our thinking about properties or dimensions" (Strauss and Corbin, 1998). In the same way as my own reflexivity informed and influenced my interpretations throughout other parts of the analysis to try and mitigate any biases, I would use this same reflexivity to welcome other theories and research to inform, rather than distort, the data.

3.12 My concluding thoughts

As I wrote this chapter and looked back through my reflective journal, I was reminded of how Charmaz (2008) highlighted the prerequisite for the researcher to "learn to tolerate ambiguity". I struggled with this at different stages throughout my research journey and the seemingly endless cyclical process of the analysis, constantly moving back and forth, revisiting interviews, with categories and their relationships with each other constantly changing, evolving and strengthening. I found it hard to keep track of everything and, as I grappled with analytic problems I could not see the wood from the trees and I was left feeling confused and uncertain. I found myself straining to make sense of the data and being full of self-doubt, as I tussled with the tension between being open to what was emerging and not closing things down too soon, to being overwhelmed by the enormity of the data and finding it hard to contain. This reminded me of the parallel process with my participants' experiences and how at times their experience of anger was overwhelming and uncontained and difficult to manage and make sense of.

During the analysis I was reflective of my own research lens, and how the filter on this lens might influence how I perceived and interpreted the data (Saldana, 2009). In line with my epistemological position, my role as researcher meant I was part of the study, not separate from it, as data analysis is a construction, and "all coding is a judgement call" since we bring "our subjectivities, our personalities, our predispositions, (and) our quirks" (Sipe & Ghiso, 2004, p.482) to the process. I am aware of my role, not as a silent author but as a co-producer of experience and meaning (Charmaz, 2000), and it was containing for me as I embraced analytic directions that arose from my own interactions and interpretations with the emerging analyses to keep coming back to the data so the interpretations were "grounded in the lived experiences of the participants" (Morrow, 2005). With this I aimed to strike a precarious balance between developing a conceptual analysis of participants stories, whilst still creating a sense of their presence in the final text to "describe the experiences of others in the most faithful way possible" (Munhall, 2001, p.540).

4. ETHICAL CONSIDERATIONS

In line with Barker, Pistrang and Elliot (1994) I see the central ethical considerations in my psychological research as informed consent, minimisation of potential harm and confidentiality or protection of privacy.

4.1 Informed consent

To gain informed consent each participant was given the Participant Information Sheet (Appendix V) which was transparent in outlining what the research would involve. This meant they knew what taking part would entail before agreeing to participate. They were given freedom of choice as their consent to take part was totally voluntary and, once they had all the relevant information, they were given time to decide if they wanted to participate before signing the Consent Form (Appendix VII).

As this research looked at the interactions between therapist and client, from the client's perspective, I was aware that, in only interviewing clients, only one participant of the processes involved had given informed consent. Hadjistavropoulos and Smythe (2001) draw attention to the fact that third parties who are mentioned in qualitative narratives are often overlooked and have not given consent to information about them. Bearing this in mind, the anonymity of both the research participant and the therapist they spoke about were paramount and so any data that may identify either of them was taken out when the data was transcribed.

4.2 Minimisation of potential harm

A central tenet to interviewing is "the importance of obtaining rich data in ways that do not harm those being studied" (Rubin & Rubin, 2005, p.97). I felt very respectful and appreciative to all my research participants for taking the time for my study. As they started to share their experiences I could sense how meaningful this was for them, as they became involved in intense levels of emotion and disclosure (Havercamp (2005). I was sensitive as to how the

research interview could potentially impact on their world, a world the researcher can leave far more easily than the participant can (Stacey, 1988). At various points during the interview I checked in with the participant to see how they felt talking about the anger event and if they felt okay to continue. The recruitment criteria stipulated that all participants were in personal therapy, with a different therapist to whom they explicitly expressed anger, and so this ensured they had additional support if they felt it was needed.

I was also aware of the need to pay attention to and try to mitigate any power dynamics that may emerge and influence the data (Hall & Callery, 2001), due to the asymmetrical nature of the research interview. Research interviews occurred at the request of me, the researcher, primarily to serve my own goals, and so this dynamic could create a hierarchy of power. These asymmetries shifted throughout the research process, where initially the potential participant has power as they decide whether or not to take part, and it was my responsibility to be aware and reflect on these shifting dynamics and act in the participant's best interest throughout. With this I was mindful of my training and role as a psychotherapist and trainee counselling psychologist, and how this may facilitate trust and disclosure in the research interviews but how this could also increase the potential risks to participants as "the more adept we are at creating a sense of connection and engagement, the more we need to be attentive to issues of power, influence, coercion and manipulation" (Havercamp, 2005, p.152).

To attempt to mitigate any potential harm to the research participants, there was a debrief at the end, for us to reflect on the interview process and for participants to add anything else they might like to that had not been covered by the research questions. This provided the opportunity for participants to express how they felt about the interview and if any concerns had been brought up for them whilst talking about these events. Some participants expressed concern about anonymity for themselves and for the therapist they spoke about and I assured them any identifiable information would be removed. In addition, although speaking about their experiences did bring up some residual feelings

for most participants, these feelings were manageable and participants mainly found it beneficial to talk about and reflect upon these experiences.

4.3 Confidentiality

Confidentiality and anonymity were of utmost importance, both for the research participant and for the therapist they were talking about. Throughout the research process I was aware of maintaining the balance between illuminating the participant's experience, which can mean typically including extensive quotations, whilst disguising their identity so as not to cause a potential violation of research confidentiality (Havercamp, 2005). This was done relatively early on whilst transcribing the interviews. Each participant was given a different number that was used when transcribing and coding the interviews and these numbers were not written on any identifiable information about the participants. Any identifiable information, such as the consent forms, were stored in a secure and separate location.

Being a psychotherapist and trainee counselling psychologist myself, I understood confidentiality to mean not only disguising participant's and their therapist's identity to the general public, but also to people who may know them as part of a therapeutic community (Smythe & Murray, 2000).

5. VALIDITY

Constructivist grounded theory methodology, as used in this research, provides the researcher with a set of inductive steps that lead them from studying concrete realities to rendering a conceptual understanding of them, whilst emphasising the subjective interrelationship between researcher and participant, and the co-construction of meaning (Hayes & Oppenheim, 1997; Pidgeon & Henwood, 1997). This subjective nature and variability of perspectives in qualitative research can make it hard to specify rules for assessing rigour or quality of research however consideration of the following crucially contribute to the validity of this research.

5.1 Systematic research conduct

Throughout this study I engaged in a systematic and careful research conduct. This started right from its conception and consideration about whom to recruit and why, through to interviewing, transcribing and analysis. This involved "a systematic process systematically followed" (Patton, 2002, p.546), whereby I immersed myself in the data (Morrow, 2005), through repeated and cyclical systematic data collection, reading of transcripts, coding and abstraction, whilst always holding in mind the original research aims. A fundamental part of this process has been in keeping a reflective journal and in the indispensable use of diagramming and theoretical memos (Strauss & Corbin, 1998) to externalise any methodological decisions, analysis and interpretations as they occurred.

5.2 Reflexivity

"Researcher reflexivity provides an opportunity for the researcher to understand how her or his own experiences and understandings of the world affect the research process." (Morrow, 2005, p.253)

During the research process, I was aware that my representation of interpretation was one of a number of potential explanations for the data. In an endeavour to acknowledge any potential biases I adopted a continual

"monitoring of self" (Peshkin, 1988) through keeping an on-going record of my own experiences, reactions and emerging awareness of any assumptions or biases in my reflective journal.

In addition, as different people have different views, I formed a research peer group with two other researchers who were also conducting their own grounded theory research as part of their doctorate in counselling psychology and psychotherapy. I provided them with two different portions of the data (which I had previously coded but that was not apparent to them) to compare codes for reliability. No new codes emerged from this process.

Kvale (1996) writes about 'communicative truth' and, just as meaning is constructed within an interpersonal context, knowledge claims should be tested in similar fashion and so discussions with my peers and my supervisor played an important part of this process. I found carrying out this research was at times an isolating experience and so their support was invaluable. Talking aloud about the research process and tentative hypotheses helped externalise my own thoughts and concepts and view them from a different perspective as they either mirrored my responses to the process or acted as the devil's advocate (Morrow & Smith, 2000).

Furthermore I agree with Morrow (2005) who argues that, rather than avoiding the literature as a means to lessen any biases, engaging in the literature can actually mitigate these biases "by expanding the researcher's understanding of multiple ways of viewing the phenomenon". of inquiry. This was true for me and engaging with the literature was facilitative in opening my mind to different perspectives.

5.3 Transparency

Transparency is important to provide an audit trail to show how the work and thinking progressed throughout the project. To do this I adopted different research tools such as a reflective research journal, theoretical memos, and diagrams to demonstrate how categories and their relationships developed and progressed into theoretical models. This provides a visible link from the raw data of the participants' experiences to the conceptualisation of categories and theories. This is an integral part of the research as it is "preserves the elemental level of the data" and also allows others to visibly see "how the researcher moved from observations and narratives to themes and interpretations" (Suzuki et al, 2007).

6. FINDINGS

6.1 Overview of findings

The analysis of the data showed a complex interplay of different categories and sub-categories involved in the client's experience of explicitly expressing anger towards their therapist. From the analysis, six major categories were ascertained and these are represented in the following table, along with their sub-categories.

Table 2: Categories and sub-categories

Categories	**Sub-categories**
Bubbling in the background	Client Personal Dynamic
	Therapist Personal Dynamic
	Therapeutic Relationship
	Bubbling in the background
Building up	Building up
	Interpersonal dynamics
	Intrapsychic
	Outside sessions
Expression	Breaking point
	Planned expression
	Holding fire
	Opening the floodgates
Therapist response	Therapist attacking
	Therapist blocking
	Therapist withdrawing
	Therapist de-escalating
	Therapist opening the space
Client response	Client withdrawing
	Client giving up
	Client retaliating
	Client blocking
	Client opening
After Effects	Unmet needs
	Interpersonal
	Intrapersonal
	Reflections

These major categories are Bubbling in the Background, Building Up, Expression, Therapist Response, Client Response and After Effects. The first two of these categories represent the key processes involved leading up the client explicitly expressing their anger towards their therapist, the third category incorporates the actual expression of anger and the last three categories outline the client's experience of the ensuing process.

The Bubbling in the Background category consists of the personal dynamics of both therapist and client and how these dynamics are played out within the therapeutic relationship. These impact on the accumulation of processes that occur both within and outside the therapeutic relationship reflected in the Building Up category

Together these categories precede the Expression of anger, which highlights the different ways in which anger is expressed by the client. The Client Response category reflects the subjective experience and the intersubjective response of the client following the explicit expression of their anger towards their therapist. This is influenced and impacted on by their experience of the Therapist Response to their expression of anger.

The After Effects category indicates how the client's experience of explicitly expressing anger towards their therapist subsequently impacted on the therapeutic relationship and shaped the client's interpersonal and intrapsychic processes.

Although these categories are described separately, they are not necessarily linear or clearly demarcated, but rather interrelated and cyclical, with each influencing and impacting on the other. Diagram 1 illuminates this complex interchange between categories, which helps conceptualise these findings as they are now described in more detail.

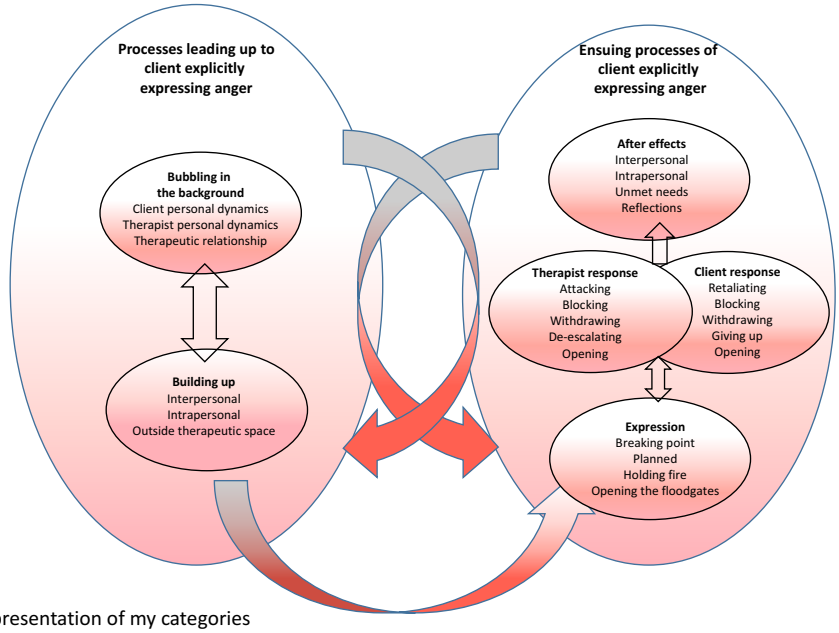

Diagram 1: Pictorial representation of my categories

6.2 Processes leading up to the client explicitly expressing anger towards their therapist

It was apparent that there were some difficulties and tensions within the therapeutic relationship, leading up to the client explicitly expressing anger towards their therapist. These fall into two main categories, Bubbling in the Background and Building Up and, whilst there is some form of temporal sequence between these categories, it would be simplistic to describe their relationship as linear but rather these processes move back and forth, as represented by the arrow in the diagram.

6.2.1 Bubbling in the Background

From the analysis, the clients' experiences of expressing anger were not due to isolated incidents but rather related to difficulties in the dynamics between the client and therapist that were present within the therapeutic relationship for a while, "Bubbling in the Background". These underlying dynamics are comprised of what both the therapist and client bring into the therapeutic relationship in terms of their own personal dynamics, in addition to the co-created processes between them.

6.2.1.1 Client Personal Dynamic

Each client brings their own personal history into the therapeutic relationship, and their own unique relationship with anger in general.

From understanding something about participants' relationships with anger in general, the complexity around anger was apparent with many participants viewing both positive and negative aspects of anger, as it was described as being a *"healthy emotion"* and a *"life energy or life force",* as well as being seen as *"unhealthy"* and *"unsafe"* with the *"potential for harm"*.

Similarly, there were variations in feelings around the expression of anger, with some participants stating, *"feelings of anger are to be expressed rather than scared of"* (P2) and they are *"comfortable to express it"* (P4). Whilst others reported the opposite *"I find it difficult to express. So I have a complex relationship with it."* (P6) and *"I mean there's lots of times where I feel angry but then it's in private so I process it and I don't express it or it comes out in some other way or something"* (P3)

These feelings around the expression of anger could stem from their culture and family of origin, where *"anger is not something, according to my background, my culture, my family, it is not something that was forbidden to express, or something that was wrong to express."* (P7), or could be something that developed over time, through *"being in more environments or with more people who have proved that it's safe to express it"* (P1).

The way in which anger is expressed also varied with, some participants describing generally expressing anger in a more controlled way:

> *"If I'm going to express anger, I don't tend to lose my cool very easily and for me it's important that if I'm going to tell someone I'm angry or annoyed, that it's rehearsed and done in a very controlled manner"* (P8)

> *"don't really express anger to somebody, it would be once I calmed down, it would be in a controlled, compassionate, understanding assertive kind of way, so I've never ever lost my rag with somebody."* (P9)

Whilst other participants felt the expression of anger was more *"explosive":*

> *"I have had these experiences as well when its been quite uncontrollable and when I say blurghh because it just literally comes out and it feels like I don't it just comes out and I didn't mean for it to come out but it just comes out anyway"* (P3)

> *"if you experience too much of that angry emotion then you, I think there has to be some element of control still, even when you're angry, but when you start to lose that, then it becomes like a loose cannon – you could say many things that you'd regret after, and they had the potential for real harm to a relationship, or you could physically do things, or you could throw things around or hit somebody or whatever so that has the potential for a lot of harm as well"* (P5)

Some participants recognised that some of their feelings within the therapeutic relationship were being enacted as their therapist was triggering something for them based on their past experiences or relationships outside of the therapeutic relationship:

"she definitely pressed some mum buttons for me. She was an older lady, not that I'm young, but she was older than me and I think her infantilising probably tapped into some of my mum buttons" (P2)

"I think it was my issue with her, but I think my anger was enhanced by previous feelings, or previous experiences that I had in my relationship with my mum, for instance, yes." (P7)

"I expected her to react in a certain way and then I realised actually ah that's my mum, and it was helpful, the first few sessions." (P6)

6.2.1.2 Therapist Personal Dynamic

In the same way that the client brings their own personal history and dynamics into the therapeutic relationship, so does the therapist and this can impact on the quality of the therapeutic relationship. However it is important to note that, in this research, the therapist's personal dynamic is understood from the lens of the client rather than from the therapist's own point of view. With this in mind there were several aspects of the therapists' personal dynamics that I will now outline which were experienced as especially challenging for most participants and as having a negative effect on the therapeutic relationship.

Several participants felt the therapist did not bring themselves into the room and therefore they missed out on that human connection, with a sense that *"there was no contact"* (P2) or they were talking *to "a blind robot."* (P5). Participant 6 said *"I felt that she didn't include herself in a way that would be helpful to me …she was almost invisible"* (P6)

For some participants, linked to this was a sense that they experienced their therapist as lacking flexibility in their way of relating to them and feeling that the therapist was *"not willing to adapt to her client's needs."* (P4). Several participants described this lack of flexibility and rigidity both in terms of the therapeutic stance and *"her, what I thought to be, rigid ways of thinking about*

my process." (P6) and in enforcement of the therapeutic frame as *"the boundaries were just so rigid and so inhuman to me."* (P5).

This lack of flexibility was also felt as *"arrogance"* (P1, P4), and a lack of openness, where the therapist was seen to take on the role of being all-knowing as they *"would insist that it was right"* (P1) and *"it was like her opinion was correct and if it didn't match what she thought then it was wrong and I didn't like that"* (P4).

In the same way that participants were aware of how their own relationships outside of the therapy could come into the room and influence the therapeutic relationship, several clients sensed this was also true for the therapists and they were *"triggering"* something for them too and that it was the therapist's *"own material getting in the way"* (P7).

6.2.1.3 Therapeutic relationship

All participants spoke about difficulties they experienced in the therapeutic relationship from relatively early on. The reasons for this were varied, but mainly centred around *"feeling dismissed"* and *"not cared for"* or not being understood by the therapist and so *"feeling missed*", with *"interpretations that weren't accurate*". In addition, many participants described feeling scared and unsafe in the therapeutic relationship and so this could restrict what they felt able to bring to the therapy, as they felt *"unsafe to talk about what I needed to talk about"* (P8). This meant for some participants, rather than being a place of support *"the therapy was a new area of stress in my life"* (P3). In some instances this even went so far that the therapy felt unethical, so much so that a couple of participants even considered *"reporting the therapist*" (P1), especially where boundary issues were involved, such as the therapist's phone beeping in the sessions.

These tensions that were *"bubbling in the background"* were described by participants in several different ways, such as *"hiccups along the way"* (P1), *"things getting under my skin"* (P2) or *"a dynamic was always there in the*

background" (P3). For some participants, this manifested itself with them being uncertain and ambiguous about the therapeutic relationship, as *"it started off with just maybe not being too sure"* (P8).

In addition to these uncertainties or ambiguity about the therapeutic relationship, some participants described experiencing the therapy as being *"like a chore"* where they were *"dreading going to each session".* However in spite of these feelings they persevered with the therapeutic relationship and this was for a variety of reasons.

Some participants stayed longer due to their own attachment styles or in an attempt to try to develop and change these attachment patterns within themselves:

> *"I should've left earlier but I was trying to break a pattern"* (P1)

> *"I know this about myself, you know in the past if I have some difficulty with friends or family members then I try and do something about that so that's why I didn't finish with her because I know that's not the way I am"* (P5)

> *"I stayed for a year and that's part of my stuff. I think I stay and try and work it out and wonder is this the work I need to do? Is it, you know, how much of this is me? And of course it is partly me, so I really tried to work it out with her."* (P8).

Others stayed longer, even though they were not heavily invested in the relationship, with participants describing how they *"kept on going"* (P6) or were just *"going through the motions in therapy"* (P8). For some this was for practical reasons, as therapy was a course requirement in their training and so they stayed as *"it was very convenient"* (P7) to continue.

In the interviews and in hindsight some participants questioned why they stayed with their therapist for so long when their instinct was telling them that the therapy wasn't working for them, and they found themselves asking:

> *"how did I do that for a year? I don't know how? I really don't know how I let that happen to me for a year". (P2)*

> *"I feel like an idiot because I feel like how on earth did I work with her for so long? Like why did I work with her for so long? Why did I work with someone who I felt wasn't meeting my needs?" (P4)*

However, there were some participants who acknowledged they stayed longer because the therapeutic relationship wasn't all bad and there was *"good stuff to stay in the relationship too"* (P1). This meant they were committed to the therapeutic relationship and the work they had done, and so they wanted to make things work. As participant 3 describes:

> *"So whatever that grit was, or that staying power or commitment. I think it's something like I knew that she was invested in the relationship and I was invested in the relationship."* (P3)

6.2.2. Building up

With these dynamics and tensions persisting and *"bubbling in the background"* the majority of participants described an accumulation of anger over several sessions with *"the feelings building up"* and *"my heckles were rising a bit".* In conjunction with the build up of these feelings, the quality of the therapeutic relationship started *"going downhill".*

I view this *"building up"* as comprising of three subcategories – the interpersonal dynamics between the client and therapist; the intrapsychic dynamics within the client and the dynamics that the client experienced outside the therapeutic space.

6.2.2.1 Interpersonal dynamics

Battling

Some participants reported experiencing a battling dynamic in the build up to explicitly expressing their anger. This was described as a *"battle of wills"* (P1), or a *"combative dynamic"* (P3) and *"butting heads"* (P6).

There was a sense that things were being batted back and forth between the client and therapist in an unhelpful way:

> *"but either way there's no point battling me for an entire hour, you know, on it. You know that just seems pointless to me."* (P1)

With this battling dynamic, several participants spoke about a sense that the therapeutic space was closing in. Participant 8 described feeling *"Really, really stuck. I couldn't get out."* (P8) and the therapy was not moving forward, but became *"repetitive",* with the therapist and client going *"round and round".* This sentiment was echoed by participant 6 who described feeling *"cornered"* and *"claustrophobic"* and that *"I can't get out of it unless she chooses to take a step out*" (P6). This seemed to escalate in a vicious cycle where *"I said well that doesn't sit well with me at all because it sounds like you haven't heard me. And we just went round in circles and she got frustrated and I got frustrated"* (P6).

Encapsulated in this battling dynamic was a sense of being told what to do by the therapist, rather than having an open space for exploration, as the therapy *"felt directive"* (P4) where the therapist *"gave me advice. Like really strong advice."* (P8).

Participant 6 described this process in discussing the ending with her therapist, where she experienced the therapist as feeling they knew best:

> *"Right now it feels more like you're making decisions, you're not telling me the reasons why, you're not listening to me and I'm here and you*

expect me to take on what you say, just ok if you say 3 months doctor, then I have to do it!" (P6)

Similarly, some participants described the battling dynamic as feeling they were being persistently pushed by the therapist in a certain direction:

"So it's this kind of push, or this kind of fight, or this kind of pulling dynamic. So I wanted to go over here and it felt like she was pulling me back here." (P3)

"I think if she had been less persistent and just let me be then I would've been able to talk about it in a less pressured way because it would've come up anyway. But it was the fact that she kept bringing it back or this is how I experienced it anyway that she kept bringing it back and back so its I feel like I needed to be less pushed. I needed her to be less directive." (P3)

"Well the issue she wanted me to talk about that I had said I don't want to" (P2)

As this battling dynamic persisted and built up, several participants described the only way to move on in the therapy was to agree with the therapist and back down:

"And so you know, it's kind of like me saying to you, well you know, clearly you're black, you know, and you saying no I'm not and me insisting that you are and then you eventually having to back down and go ok I'm black and so can we move on now." (P1)

"She wanted me to do something and I didn't want to do it and she kept pulling me back and I didn't want to do it. So then eventually I think I said ok fine if you want me to talk about the ending I'll talk about the ending." (P3)

"I somehow, took on, it's not a responsibility, but took on the task of … um, agreeing with her, or kind of, just saying yes, yes and then sort of move on or saying I'm not so sure about that one but just sort of not staying, I just wanted to move on." (P6)

Concerns not being picked up

In addition to experiencing a battling dynamic building up in the therapeutic relationship, several participants described expressing concerns they had with the therapist along the way. This was mainly done in a calm way, in an attempt to resolve these tensions and move the therapy along. As participant 2 explained:

"And I actually had brought in this fear and trembling, kind of, thinking this is how I'm really feeling, I need to share this. Maybe if I tell her we'll get somewhere." (P2)

Unfortunately, the majority of participants who expressed their concerns felt they were dismissed, or the therapist did not pick up on the opportunity to explore these concerns and so nothing changed:

"Voicing my feelings and told it doesn't bother anyone else" (P1) and *"I think when I said that he apologised but then he did it again"* (P1)

"And I did address it …and she wouldn't talk. She wouldn't say anything" (P2)

"I mean she didn't actually say I know I'm not going to talk about that but she constantly batted it back to me." (P8)

Other participants were aware of experiencing anger, but not expressing this to their therapist, with one participant saying *"I did hold my anger in up until the end"* (P4). And participant 8 described not saying anything for a while because of a fear of confrontation:

"I worried about upsetting, not even just upsetting her, I was worried about her thinking badly of me." (P8/)

6.2.2.2 Intrapsychic dynamics

Alongside this accumulation of tensions within the interpersonal dynamics of the therapeutic relationship, participants also spoke their own internal processes, as they experienced an increase in a range of feelings.

Mixed feelings

I have attempted to separate the emotions participants described into subcategories, but it is important to note this was a difficult process as these emotions were clustered together and experienced in different blends. As such the data suggests that anger cannot be seen as a separate emotional state but that it is often experienced as part of a more complex mix.

Many participants described the mix of emotions experienced with their anger:

"I remember just how much, how many mixed feelings it engendered in me. The anger was the clean part" (P2)

"There were other emotions – I think at times I did feel really sad." (P3)

"I felt a combination of feeling upset, sad, hurt and angry" (P4/)

"I was very emotional. Very teary. It wasn't so much about the anger at that point, it was about having expressed such strong anger." (P6)

This mix of emotions was not just evident in more negative emotions, but some participants also felt a combination of negative and positive emotions, primarily when there were also good aspects in the therapeutic work:

"I feel quite protective and I don't know why, it's really odd. Actually I do know why, I suppose because he did help me in some ways." (P1)

> *"But the thing is I did get some benefits from therapy and there were things that I found helpful when I was working with her so it's not like everything was bad."* (P4)

Several participants spoke about feeling *"disloyal"* when starting with a new therapist and that in part they were *"betraying"* their previous therapist, so there was a sense of their allegiance to their previous therapist, despite feeling such anger towards them.

There was also some empathy for the therapist, maybe as participants were trainee therapists themselves:

> *"I mean it's not for me to make excuses for him but I yes, so I feel both angry at him but also still feel sympathy for him at a certain level that he has a lot of unresolved stuff."* (P1)

Feeling frustrated

The majority of participants described feeling frustrated and that things were *"getting on my nerves"* in the therapy. The reasons behind these frustrations varied, such as at *"the fact she was really taking me somewhere I didn't want to go"* (P2); *"as nothing was changing"* (P4), *"I wasn't getting anything out of this*" (P5), or "*so we were having the sessions where I would leave the sessions feeling a bit bored or frustrated with the process itself."* (P7/)

These feelings of frustrations would then build up over time, as described:

> *"It's just like feeling irritated and then it grows, it just gets bigger and bigger and bigger and then it's like, and then she'd end up doing something and then it just comes out."* (P4/745)

Feeling angry

All clients described feeling angry towards their therapist, as this was the focus of the research, and this was experienced at different points in the therapeutic relationship and described in a variety of ways: *"I was absolutely furious"* (P1),

"I literally saw red at the end" (P2), *"Outrage"* (P2), *"extreme kind of anger*" (P3*), "p**sed"* (P4, P5), *"I was like b**ch"* (P7) and *"I felt f**k off"* (P9).

Feeling overwhelmed

Some participants described finding the therapeutic process as being *"completely overwhelming and uncontained",* and this was more apparent with participants who hadn't felt the therapy was a safe space. Participant 4 likened this to having *"a panic attack":*

> *"I remember saying, you know, that this is, you know, something like, you know you said this would be containing but then she was also concerned because I was very hysterical and crying and because I felt like I was going to faint and then I think I was, and then I left, or maybe the receptionist saw me crying and then said something to her, but I think because I left in a distressed state."* (P4)

Feeling confused

Connected to these feelings of being overwhelmed were feelings of confusion and a lack of understanding about what was happening in the therapeutic process. As participants commented:

> *"I'm still baffled by what the hell that was about. I can make no sense of it. No matter how I look at it, from what angle I look at it I can't make any sense of it."* (P1)

> *"I mean I was just completely flummoxed by that*" (P9)

Some participants described a sense of disbelief and *"shock"* about what was going on. As participant 7 described "*And I was in shock, looking at her thinking what the F**k! You know, what the hell!"* (P7)

This confusion and disbelief felt quite destabilising, and participants described *"trying to make sense of it, I was so deeply confused about it and I felt unsettled"* (P6) or questioning the credibility of the therapist, asking *"What is going on with*

this person? Who could feed this? What am I dealing with here?" (P2) and *"I was like bloody hell what's wrong with this woman?"* (P4).

In addition, some participants felt their therapist lacked transparency which increased the confusion they felt, as they didn't get anything back from the therapist. As participant 8 describes, *"and it felt a bit confusing, I felt confused a lot the time because I didn't know what the impact was of me saying certain things and I wanted to see some mirroring, something of what we'd done and I didn't get any of that*." (P8)

For some participants this sense of not knowing led them to start to doubt themselves and question their own experiences:

> *"then I started questioning myself about, for a while"* (P8)
>
> *"A mind game because you are somehow making me question myself"* (P6)
>
> *"I sort of went, there's something wrong with me. I'm not being a good client. I'm, you know, and I wasn't using the tissues I should've. I was being closed off. I wasn't being open to what she was telling me I needed to look at".* (P2).

This doubt could lead to increased anxiety within the therapeutic relationship, as participant 6 states *"I'm in self doubt, it put me in a place of self doubt, um questioning all the time and doubting her as well, so there was a lot of doubt and that can create a lot of anxiety and I'm fundamentally an anxious person"* (P6)

Feeling infantilised

A couple of participants described *"feeling infantilised"* by the therapist. This was especially true when they felt the therapist was pushing them to go where they didn't want to, as participant 3 states *"I just wanted her to trust me that I*

would come back to the ending when I needed to come back to the ending" (P2).

These feeling are reiterated by participant 7 who also described feeling the therapist was treating her *"like a child"* and that it felt like she was *"telling me off".*

Feeling Disappointed

For many participants there was a sense of disappointment and *"dissatisfaction*" with the therapy as they felt they weren't *"getting anything"* from it. This led to feelings of anger as their needs met were not being met:

> *"I sort of really left at that point and felt um, that I can't be arsed with this woman, you know, having to see her not feeling like I'm getting anything out of this situation and you know, she's not understanding. This is not what I want to be."* (P5)

For some participants this disappointment was intensified as they were trainee therapists and so held a certain expectation of what therapy would be like:

> *"I guess that was also what was making me angry as well because it's like when you're training you're taught this is how you're supposed to be as a therapist and it's all about being reflective and then you go and see a therapist who's not reflective and it's like because you're having something instilled into you during the training, oh this is what good therapy looks like, this is how you're supposed to be as a therapist and then your experience is completely different. So it's like that also helps build up expectations as well, which I felt weren't met."* (P4)

> *"a lot of our training was about bringing ourselves as therapists into the room and what's going on for us and so I was annoyed that I wasn't getting that from her"* (P8)

Some participants also described feeling cheated as their expectations were not met:

"I almost at the time, I almost had the feeling that I was being had over. And I know that's quite a paranoid thing to say, and I don't think that that's what was happening now when I look back on it with a cool head. But at the time I just, I felt that I was paying a lot of money which wasn't easy to keep on top of the costs of training and everything, and I felt I wasn't getting the same back as other people, so I was feeling a bit hard done by. That was how I was feeling." (P8)

In addition to feeling disappointed, some participants felt resignation and lost hope that things might change within the therapy and others started to contemplate leaving their therapist:

"but I was disappointed that it hadn't changed anything. And I say disappointed and slightly resigned." (P8)

"I felt on occasions, not all the time as I said, but I felt on occasions that I was wasting my time and my money, so I did wonder sometimes, that although I was spending a reasonable money for me at that moment, I did wonder whether it would be better for me to pay a little bit more and get something from it really" (P7)

Feeling unaccepted

Many participants spoke about feeling unaccepted by their therapist. This could take the form of feeling that the therapist was *"criticising them"* (P1), *"undermining"* them (P2), or with a *"persistent feeling of no matter what I say it's not enough for her. So I can never hit the mark that she wants me to hit"* (P3).

Associated with feeling unaccepted, many participants described experiencing their therapist as *"judgemental":*

"And that she was treating me … she was not thinking that I was stupid, because that's how I felt. I felt as if, the way she tried to put things, as if I was stupid, I didn't know what was going on. I wasn't able to reflect, I didn't you know, and come on." (P6)

"I was expressing actually how cross I was feeling about it and, um, her reaction was, it felt almost judgemental, that it was so, it wasn't so much what she said it was how she said it." (P5)

"And she rolled her eyes and sighed (tuts) and stuff like that and when I saw that I just thought you are my therapist!" (P6)

"you want to be accepted with all your ugly, bad, shameful, rotten bits and seen for your good bits and, accepted and, there was none of that." (P9)

Some participants experienced explicit rejection from their therapist who asked them *"why don't you just leave now"* (P1) or to *"find another therapist"* (P4).

Participant 4 expressed her feelings of being rejected to her therapist, but this made no difference, and was even more hurtful:

"she just kept saying to me oh why don't you go find another therapist. And I'm crying because she's saying that to me and I'm expressing that I'm hurt by her words and then she just continued saying that. So I just thought well I don't feel cared for because you're not responding to me with empathy, you're actually trying to hurt me and I'm already telling you that its hurting me by you saying these words to me and then she's like repeating it." (P4)

Feeling unfair

Participant 3 spoke about a *"massive sense of injustice"* (P3) and *"I felt it was an unfair interpretation given I had really done my best to engage as much as possible in the sessions to date"* (P3).

With this she described feeling *“persecuted by the therapist that no matter what I did it wasn’t really getting there”* (P3)

This sense of injustice was echoed by participant 6, who explained *“I didn’t think it was fair, the way I was treated”* (P6)

Feeling abused

For some participants, they felt they were mistreated so badly they experienced their therapist as *“abusive”:*

> *"I really felt at that point so abused. I felt abused. That I felt like it was being masochistic to go back"* (P2)

> *"I've been thinking like that's so the language of, you know, of an abuser and like you know people in domestic violence that's like look you've made me hit you again"* (P1)

Several participants described the therapist *as “punitive”, “poisonous”* and *“vindictive”,* feeling their vulnerability as a client was used against them:

> *"That she was skilled enough and capable enough that she was able to press my buttons, you know, in terms of finding my weak spots and then twisted a knife on some level."* (P2)

> *“I don’t think therapists are supposed to wound their clients and if your client is telling you this is wounding me and it’s hurting me they continue to keep doing it. I don’t think that’s ethical”* (P4)

> *“the way those sensitive materials were used, in a sense, against me to make a point to argue. It didn’t feel right at all.”* (P6).

6.2.2.3 Outside the therapy

In addition to the interpersonal and intrapsychic dynamics within the therapeutic relationship, there were also dynamics outside the therapeutic space that impacted on the participants' experiences of explicitly expressing anger towards their therapist. As the processes involved persisted over time, the participants spoke about anger they would experience towards their therapist in between the therapy sessions, and how they would process these feelings, either internally or through talking to others.

Feeling anger between sessions

In particular participant 3, who described feeling committed to and invested in therapeutic relationship, experienced more anger once she left the sessions rather than when face to face with the therapist during their sessions:

> *"But I think what's interesting is my anger comes after the session, like it felt ok smoothing it over with an interpretation but then it was like, I had to leave the room for the anger to come up"* (P3)

> *"Sometimes it doesn't even hit me in the session, or it doesn't hit the client in the session that this was a hurtful thing to say, or this is something that will cause me anger but it's like afterwards I'm like arghh I can't believe she said that! What did she mean by saying that? And this is my example of fighting with my therapist in my head as well. So it's something to do with that the therapist says something or some dynamic happens in the moment but the anger doesn't come in the moment it comes afterwards and then it's still incredibly difficult"* (P3)

Similarly, participant 6, expressed having certain thoughts and feelings towards the therapist between the sessions, as she describes *"obviously when I'm in my house and I think of that session and I get angry, obviously almost like a caricature I have images in my mind, not necessarily images*" (P6).

Participants 3 and 9 described writing notes between the sessions, partly to make sense of what was happening in the therapy and to help process this, but

also to reflect upon and have some clarity about what they wanted to express to their therapist in the following sessions.

Anger dissipating in sessions

For some participants, they would go into the sessions feeling angry, but they then found the anger was *a "difficult emotion to keep a hold on it"* (P3) and when they were face to face with their therapist they did not experience their anger with the same intensity:

> *"I guess but when I went in it was a different thing. I felt half badly about it…because the face was so familiar that it was difficult to stay angry unless she said something to make me angry."* (P6).

> *"I think I kind of lost, whatever that combative dynamic that kind of disappeared for the rest of that session as well, it was ok, so the anger just kind of dissipated."* (P3)

As the intensity of the anger dissipated within the sessions, a couple of participants described losing the resolve to express themselves:

> *"So basically for me there's a lot of anger between sessions as well but it then getting it expressed in the sessions doesn't necessarily go like I planned. Like I would write notes after, at the end of the session and go I must mention this next week. I must say this. I must say this, this and this, but then when I go into the session it can slip away or we focus on something else or then the therapist says something which makes me change perspective or think of something else so then what I mean to say just falls by the wayside sometimes."* (P3)

Or even end up saying the opposite:

> *"I noticed myself being, like I'd go in there with a like I'm really going to sort this out and then come out, or not come out but then in there I'd be oh we can work it out and I was, it's like she bewitched me or something,*

which is obviously not true, but my resolve sort of, and I ended up, even once she said well it sounds like this isn't very useful for you, or something like that, or and I came back with well maybe it's what I need to do, or she was sort of pushing me away and I was going towards when actually I'd wanted to end it." (P8)

Talking to others

As well as trying to process what was happening internally between sessions, many participants spoke about talking to other people outside of the therapeutic space about their experience.

For some talking to others helped to validate their own experience, especially if they were questioning themselves. As participant 2 noted, *"And then when I got confirmation from other people it was such a relief"* (P2) and knowing that others were in agreement that what was happening was not ok, *"and occasionally I would say that to people that happened and everybody was like you know, I know that's not ok sort of thing.*" (P1)

This external validation enabled the participant to express themselves more clearly with their therapist. As participant 8 stated,

"I suppose just wanting my position to be validated before I said anything. Getting other people's opinions to make sure I wasn't just a bit off base, that I might be getting it wrong and there was something I was missing." (P8)

And to have confidence to take a risk in expressing themselves:

"I happened to meet with a colleague of mine xxx a psychiatrist and I told him about this and he said well if you don't tell her how you feel, just be awkward with her and take the risk of … and I just, I did" (P5)

Talking to others about their experience could also help participants to express their anger in a clear and controlled way as they had practised it with others:

"I felt like I, because I talked about it so much with other people, that when the words came out, although I was angry, they were words I'd said to other people before so it was even the same phrases, do you know what I mean? It's like when you tell the same story over and over again, an anecdote, you tend to have a way of telling it, um, and so, I didn't feel like afterwards that I'd missed anything. I felt like I'd expressed it how I'd wanted to, because that's how I'd expressed it to so many other people." (P8)

However, for others talking about their anger towards their therapist with others seemed to increase the intensity of these feelings:

"it was very agitated, this happened and that happened and blah, blah, blah, blah! And sort of shouting and I can't believe this! I was very angry. I was very angry, very overtly angry. My friends were angry as well, and people who knew about therapy. They sort of shared the anger so it sort of grew." (P6)

"But people were very shocked and that then impacted me" (P9)

6.3. Ensuing processes of the client explicitly expressing anger

The second part of Diagram 1 outlines the ensuing process of the client's experience of explicitly expressing anger towards their therapist. To further understand this, there are four main categories – the Expression of Anger, the Therapist Response, the Client Response and the After Effects. As can be seen from the arrows and the overlap between these categories, they are not separate or linear but are interrelated and impact on each other. In addition, the ensuing processes of the client explicitly expressing anger towards their therapist are not isolated from, but are a continuation of the processes leading up to the explicit expression of anger.

6.3.1. The expression of anger

The expression of anger incorporates four sub categories, the breaking point, planned expression, opening the floodgates and holding fire.

The underlying dynamics leading up to the explicit expression of anger continued bubbling in the background and building up until they reached breaking point, which participants described as *"the climax of the expression of anger"* (P3), or *"it sort of coming to a head"* (P1) and being the *"straw that broke the camel's back"* (P2).

At this point the intensity of the anger increased and the dynamics were described as *"getting heated"* (P1), *"incredibly charged"* ((P3), and *"I could maybe feel the heat of it, and anger's a hot emotion. I could feel the heat. But it felt, it felt ok."* (P8).

Participants felt prompted into action to express their anger towards their therapist as things had got to the point where they had to do something about the anger they were feeling, in the hope that it might bring about change:

> *"I couldn't, I couldn't think about coming back without doing something about it."* (P5)

"I very much became very quickly became determined to go back and make it right." (P6)

"I think I got to a point where I was feeling so annoyed that I wanted to see, I wouldn't say that I knew that she was or she wasn't, because I hadn't seen anything of that, but it felt, I was quite happy to take the risk, because I was at a point – something needed to change and if it meant that we fell out and I left then that was the case." (P8)

Once things reached this point the actual expression of anger could take several different forms, either a planned expression, or creating some space and *"holding fire"* before expressing their anger, or a more uncontrollable expression of *"opening the floodgates".*

6.3.1.1. Planned expression

Several participants described planning what they wanted to say to their therapist before expressing themselves. For some participants, instead of expressing how they felt when they were face to face with their therapist, they sent an email between sessions, expressing how they felt:

"then sent her a long email and said to her, again verbalised exactly what I said in the session which is I feel really wounded when you reject me and I just named how I found that session. I said I found it too damaging…and I've decided that … the next session we had booked in would be our last session. To have an ending." (P4)

For most participants who sent an email to their therapist, this only served to increase their anger as they did not receive the response they hoped for, leaving them feeling even more dismissed:

"and she didn't respond to me" (P6)

"And she replied saying ok then. See you then. And that was it. She sent me one sentence. And that's the type of thing that started to make

me feel even more angry. It's like you invite me to share how I feel, I tell you how I feel for the second or third time, or however many times I've told you and then you just reply with one sentence and dismiss, and did not even acknowledge what I've said." (P4)

"And so I sat down and said so what do you think then? And she said what. And I said my email and she said what email (laughs). And she hadn't read it. She'd only read the top line." (P8)

Other participants described planning what they wanted to say to their therapist as they made notes between the sessions, so when they went back they *"had a list of things I wanted to say in the next session"* (P3).

As these participants had reflected on what they wanted to express to their therapist, they felt they were able to do this in a more controlled or a *"kind, considered, assertive way"* (P9) and so they were able to fully express how they had been feeling:

"Because you thought about it so you don't do it with, you know, this very primitive instincts, or you don't do it out of control. You control your anger and you express it rather than just you know, throwing it out." (P7)

"So it can, and again it was something I thought about mentioning to her and it was when I finally did it was in a very practiced way. That I said to her that I felt she didn't, that I had no idea what anything I was saying, how anything I was saying was having any kind of impact on her." (P8)

This more planned expression had a positive impact on these participants, as they felt they had more control and agency over what they expressed:

"my button is pressed or something and I don't plan, its completely unexpected it comes out, I say something bad and I feel really bad about it afterwards but it just comes out unplanned and then there's a whole cycle of shame and guilt afterwards but with this I was building myself

up to express these things that I felt hurt about or I felt wronged by so I suppose it wasn't uncontrolled and unexpected in that sense" (P3)

"I think I've done it very well, the way I've done it, because I wasn't rude. I didn't disrespect her. I didn't shout. I didn't yell. You know. I didn't do it in a way that was damaging to her. I've done it in a way that was healing for me, basically." (P7)

"And it was something that I wanted to express very calmly and concisely to get to the point of why I'm annoyed. I think it's very easy when you're very angry not to think straight and to go off on all kinds of tangents and to catastrophize and I wanted it to be not like that." (P8)

Some participants who described expressing their anger in a planned and considered way, may have done it so politely that I wondered if the actual intensity and extent of their anger was communicated explicitly enough to the therapist:

"I wouldn't have done it full blast angry – you're doing (puts on booming voice) …I probably would've tried to be polite about it (laughs) or not said anything" (P2)

"I never got angry with her sort of in an angry, shouting kind of way. I would never, I said the opposite. I would've said it nicely." (P9)

6.3.1.2. Holding fire

A different type of response from a couple of participants was when, instead of reacting impulsively, they created some space in the moment, *"holding fire",* which seemed to de-escalate the anger. As participant 7 described needing *"to sleep on it"* and so *"I decided not to respond. Not to reply, because I wanted to be very rude."* (P7).

Similarly, participant 3 described having strong feelings to leave the therapy session at that breaking point, but instead of reacting impulsively and leaving they sat tight and stayed in the room in an attempt to salvage the therapeutic relationship:

> *"Yes so that very strong feeling of wanting to get away but I didn't and I suppose it was probably a feeling of commitment and also it's a pretty big deal to leave a therapy session, its not conventionally done most of the time I think, so I suppose it would've been pretty bad, it would've had to be… it was pretty horrendous as it was but I suppose it would've had to be really, really bad for me to go"* (P3)

In contrast to participant 3 who felt it would be more harmful to leave the therapy session in their anger, participant 5 felt it could potentially be more harmful to stay in the session at that point and possibly say things in the heat of the moment she might later regret:

> *"That there was a chance that it might go elsewhere and I was afraid that I'd respond to that, her reaction, I felt that I would respond to that and it could go, you know, I could say things that I'd regret so I felt it's safer to just go."* (P5)

Participant 5 goes on to reiterate how important it was for her to create some space, rather than responding reactively, as she describes:

> *"feelings were quite strong at that point that I was angry already and it takes a lot to get me angry but it had been building up and maybe that wasn't the time to be doing that. And maybe it wasn't - the time to strike is when the iron is cold. You know as Yalom says and so, maybe it wasn't the time to be having that discussion."* (P5)

6.3.1.3. Opening the floodgates

For other participants, expressing their anger was not planned but rather things had been building up and they were triggered in the session, which *"just opened the floodgates, I was just, I just expressed everything I didn't like what she was doing"* (P4).

At this point for some participants it felt like things got to a point where they couldn't take it anymore and it felt quite uncontrollable:

> *"But at the time, um, it was just something unbearable and it just burst"* (P2)

> *"Changing a way of behaving that I'd always behaved like, that had apparently served me, but with this it got to the point where it took for my head to explode to get to that, which is quite something really, but my body got me out of there basically."* (P9)

This opening of the floodgates, led to an outpouring of many emotions. Some participants described the intense anger they experienced and expressed at these points:

> *"So when she asked me for money that was when I was really furious. And I think that's actually when I said I am not paying to be abused. I have been abused and I'm not paying for you to abuse me anymore. And I'm not paying you any more money and I'm sorry I'm going!"* (P2)

> *"You can't roll your eyes at me, you have to stop this and that's when I shouted at her. I said you have to stop this! I'm not here for this! You can't do this as a therapist."* (P6)

Whilst other participants spoke about feeling *"tearful"* (P8) or *"sobbing uncontrollably"* (P1).

Participant 4 described this point as *"So and then she said to me and then it was like I got really upset so I started to cry. I never really cried in front of her"* (P4) and participant 7 also described feeling more tearful at this point as *"and then actually when I'm angry I cry. Um instead of shouting I cry. And I did start crying."* (P7).

For one participant, as well as feeling tearful, they physically felt like they wanted to hit out:

> *"Well I just wanted to punch a wall or something. It had to come out, you know, I was holding tight onto my chair, um, it was very, very intense, um and I got teary with anger again"* (P6)

6.3.2 Therapist response

Participants described experiencing their therapist as responding in several different ways. These fall into five main sub categories, therapist attacking response, therapist blocking response, therapist withdrawing response, therapist de-escalating response and therapist opening response.

6.3.2.1 Therapist attacking response

Several participants felt their therapists were attacking towards them, both in the processes leading up to their explicit expression of anger towards their therapist and in those that followed.

For some participants this was more covert as they described their therapist as *"passive aggressively responding to me"* (P6), or being *"really nasty. Really stroppy"* (P8). However, for some participants this was portrayed overtly, with the therapist *"snapping"* (P4) or one participant described how their therapist *"did actually tell me to f**k off on a couple of occasions as well (laughs) which I gather was quite unusual"* (P1).

One participant described how their therapist expressed feeling angry towards them, when they were late for sessions:

> *"Usually she was, she would greet me with a smile and say oh hello, how are you? Come in! Then she greeted me with a very closed up, and angry face really. And she just opened the door, she just didn't say a word. And I said oh I'm really sorry I am late and then I sat down. As soon as I sat down she looked at me and she said I'm really angry at you!"* (P7)

In addition to feeling attacked by their therapist, many participants described feeling *"criticised"* and *"persecuted"* by the therapist. For some participants this was in the form of the therapist making avoidance interpretations about them:

> *"There you are withholding, you're withholding, how are we supposed to do any work if you just withhold? And that's like when you won't talk*

about, you won't talk about your husband, you won't talk about that, you won't talk about this. See you're withholding, you're resisting. Resistance!" (P2)

"The therapist kept on bringing it back to what was going on between us and then when I wanted not to focus on it then she interpreted it as defensiveness and resistance" (P3)

"rather than treating it as some little, a game I'm playing to avoid something, which she continually, which she overtly told me that." (P6)

Associated with this, many participants described feeling blamed by their therapist for any difficulties in the dynamic between them without the therapist reflecting on any part they might be playing:

"So yeah it was my fault, it was xxx fault, it was everybody's fault but his" and that *"he took no responsibility whatsoever"* (P1)

"Look, look, look at that, what does that tell you about yourself? Kind of attitude" (P2)

6.3.2.2. Therapist blocking response

Many participants spoke about experiencing their therapist as responding in a way that was blocking to the therapeutic process. This was mainly due to feeling the therapist was not reflecting on the dynamic between them and so instead of opening up the therapeutic space for exploration, the participant felt stuck and shut down:

"so even if I was difficult, and I don't think I was, like she should've been able to work with that and unpack it and explore what was going on but she didn't. And then her behaviour didn't help either. So I think I just felt very shut down." (P4)

> *"I was trying to say that it's co-created and how are we doing this together, what is it about our chemistry that's getting a bit stuck, or, and she was just no, no, no it's your trauma talking and she really refused to do any talk about the relationship."* (P9)

One of the main aspects of the participant's anger around this was that they felt their therapist did not acknowledge their part in the co-created therapeutic dynamics:

> *"I think kind of angry that I felt that she wasn't really owning it or something"* (P3)

> *"what really made me feel angrier was the fact that she couldn't accept and she couldn't acknowledge, or if she could she couldn't let me know that she was able to acknowledge that it was her own material, it wasn't anything to do with me being late."* (P7)

> *"And, you know, even if you take 50% of it as being me. You know my interpretation of what she was doing, or misunderstanding about what she was doing or my buttons or blocks or whatever, um it's still 50% was her, I really am in no doubt about it."* (P2)

> *"So it wasn't just my resistance it was also the fact that she was really persistent. So that it's a two way dynamic, it's not just me."* (P3)

Several participants spoke about how the therapist's inability to accept their part in the process demonstrated a lack of reflexivity which impacted negatively on the therapy:

> *"But she wasn't reflective, I thought it was almost, like she did no wrong, but it's like I was highlighting things that I didn't like what she was doing or how it was damaging me but then she was not willing to adjust or reflect on what she was doing."* (P4)

"for me it would've been good enough if she had said something like, I really appreciate what you are saying. I will take on board and I will talk about that in my personal therapy and perhaps you were right. That's the only it would be good enough for me. That's the only thing I wanted, you know, for her to treat me, with respect and respect my skills and my ability to reflect as well to, you know, and I'm not saying that I was right, but for at least for her to say I will take that on board and I will reflect about that and perhaps you might be right, but I will definitely, and I apologise if, perhaps, something like that. That would be perfectly good enough." (P7)

For some participants they hoped that by expressing themselves honestly, it would open up the therapeutic process and encourage the therapist to do the same, but unfortunately they felt this did not happen and this was then met with disappointment:

"So my expectation was by bringing it to her, my contribution, sort of making her feel like, ah this is a good step for my client, you know, she's doing some good work here, maybe I should give something back. That's what I expected, um, but which did not happen really." (P6)

Closely linked with feeling their therapist was not reflecting on the co-created process, was their use of interpretations or theories to understand the process, as this seemed to have the effect of blocking any meaningful contact between the client and therapist:

"I mean, you know, my frustrations are nothing to do with her but in her role as a therapist I feel she could acknowledge that. She could've acknowledged that more clearly than she did. Um, and I, you know, it's not theories and all this stuff is just really, pointing out patterns and all this stuff, is sometimes not really the main thing because I think that, I think most of us know that we can't change certain things, um and just, I suppose finding someone to … I'm repeating myself, but just somebody who understands (gets emotional)" (P5)

"She was, she didn't leave any anyway of really expressing myself and any chance of me being heard. She kept on interpreting, interpreting as I was saying, but you are interpreting, can you just leave it - that's what I'm talking about right here, um, why can't we talk about how I feel right now, why does it have to be about this, you know that sort of thing." (P6)

"So, that she simply couldn't, that reaction on her face showed me that rather than accept this as something that's not working and that she and a part to play in it, that it's been made into that it's me. You know it's my repeating pattern basically. It's me projecting all the anger, yes ok it was my but really it's co-created. It was really … I mean clients respond to therapist behaviours and if something goes awry it's not because a client has said something it's because it's a joint thing … and I knew she couldn't, she wasn't in a place, or she didn't respond in a way which showed me that she could accept that." (P5)

The therapist's use of transferential interpretations at these moments meant participants felt the therapeutic space was shut down, and that they were being blamed or *"manipulated"* in some way:

"And she said something like, um, if you like you can see me as a, in this case, as an authoritarian figure, if you like a motherly figure, and for that moment I thought this is just pure manipulation. You have been talking about my mum non-stop and now you bring this in to try and show me why I'm shrinking away from it and bringing my mother into it." (P6)

"She was more quiet and silent than anything else and when she did open her mouth, her mouth to say something, she was trying to make me reflect that it was something to do with my anger towards my mum, that I was projecting onto her, something like that. Which I, and if you think about it it's a clever way to deal with something with a situation like that when your client doesn't understand about the dynamics that take place in the room." (P7)

In addition participants felt the therapeutic space was blocked or closed down when the therapist would get *"offended"* or *"take things personally",* leaving no room for exploration. As participant 4 commented:

> *"So I think if she didn't take things personally I think she might have reacted differently. So if there would have been some distance between how she would respond and with more curiosity instead of having an emotional reaction."* (P4).

Experiencing the therapist as taking things personally meant there was no space for honest exploration, as participants felt negative feedback was not permitted. As participant 4 comments,

> *"It felt really conditional and I think that's really my experience of her. Like everything's fine as long as I don't say anything negative about her, or our relationship or what she's doing or not doing*" (P4)

Similarly, some participants felt the therapist could get *"defensive"* which would block the client's experience, as participant 4 stated *"It was like she was becoming very defensive so it was like she couldn't hear what I was saying because she was so defensive and she couldn't work with my experience"* (P4)

One participant described conceptually how there was a block between them and the therapist, where they did not feel at all heard by their therapist as *"But it was kind of like it just didn't even go in one ear and out the other. It just bounced off one ear and left the room"* (P1) and this led to her becoming *"Well more frustrated. I suppose I would just then want to find a way of making myself heard."* (P1).

6.3.2.3 Therapist withdrawing response

In addition to participants experiencing their therapist as coming towards them in an attacking or blocking way, several participants described feeling their therapist withdrew from the process. This meant they felt the therapist was not very present in the therapeutic relationship, and for most participants this dynamic was apparent both leading up to and after the explicit expression of anger. Some participants described feeling *"no therapeutic engagement – feeling cut off"* or they felt like the therapist *"wasn't human"* and that they had to do all the work:

> *"I wanted to meet her and I wanted to be met – that was the whole point. And we had instances of that so considering that, towards the ending these kind of emerging, and me of course thinking so this has been there all along and I didn't know it, so it's almost like a half alien, because there was that sense of distance and something not being right, but something alien in our relationship that sort of became overwhelming."* (P6)

> *"It felt like she wasn't engaging in any way and that I was, that she was proving a point of hers to me"* (P2)

> *"I actually felt like I was doing a lot of the work myself like I was able to name my process but it's like she couldn't really do anything with it"* (P4)

6.3.2.4 Therapist de-escalating response

For some participants, at the point of explicitly expressing their anger, when emotions were high, they reported that their therapists' responses enabled these feelings to be held and contained, rather than escalating the emotions experienced. Participant 3 described how their therapist facilitated this by reflecting back and holding the process, rather than increasing the intensity:

> *"I mean she didn't escalate so these times when I did express my anger at certain interpretations that she made and everything and when I was feeling really defensive and really hurt in those moments she just reflected and didn't push it any further and that was good because I was feeling so hurt and so defensive already that I couldn't, I couldn't take much more. So she reflected and held it rather than escalating."* (P3)

One participant described how it was containing to know the therapist could hear her expression of anger and be strong enough to take it. This seemed to provide a different experience for this participant and it permitted her to express her feelings towards her therapist openly, however negative they might be:

> *"She didn't crumble. She was flummoxed, I used that word before, because that's what it felt like. It didn't feel like, that I'd hurt her. I think if I'd hurt her I might've felt really awful about it afterwards."* (P8)

> *"To hear the client as well and be able to hold that, to be ok with that. To be strong enough to hold that, not to crumble."* (P8)

Participant 5 described how she felt the therapist was angry but unable to express this due to her role as therapist and at the time this was difficult to bear:

> *"it was in her face. It was with her features, I could tell that if she wasn't my therapist, if she could have said what was on her mind, she would have laid into me. That's how I felt and I thought to myself, gosh I've really, you know, but she's not able to say so she's being so constrained by her work. I felt I had to get out of there."* (P5)

However maybe something about the therapist holding back from expressing these intense emotions at the time and creating some space between the client and therapist to *"strike when the iron is cold"* was important and enabled them to come back together, as participant 5 described when she returned to the therapy the following week. This had a positive impact as she said *"I think it freed me up as well to know that she could take it. Um that what I was afraid when I saw her reaction, that she was able to take it on the chin basically? I could say what I wanted to say without fearing her reaction"* (P5)

6.3.2.5 Therapist opening response

Participants illustrated some of their therapists' responses to their expression of anger that seemed to open up the therapeutic space, rather than close it.

Whilst some participants described how the therapist responding personally had a negative impact, for others it was beneficial. This was especially true for participants who had previously felt their therapist was *"not human"* and an *"omnipotent observer"* because it felt like, at least, there was some engagement between them. As participant 2 describes:

> *"And then the blast was like, because it was least, it was least, even if it was done in this intense way at least it felt like, I was getting, I was being engaged with and that felt better then …not being engaged with. And knowing what was, I was knowing what I was dealing with and ok I could grapple with that."* (P2)

For some participants, after expressing their anger towards their therapist they saw a genuine reaction for the first time and this very powerful:

> *"I think when she looked shocked I thought ok I'm finally getting through and that I was able to say a bit more then because I felt she was actually there. Sometimes I didn't even know she was there. I worried that I was boring her in a way when I wasn't getting anything before, yes that's how I felt. So to say something and get a reaction was quite empowering."* (P8)

"Because finally I'd had an impact. I could see, I'd had a visible impact of what I was saying, which I hadn't had and that was what I wanted and I saw that and I got that." (P8)

"That she had, seen me. It wasn't all about my mum and all the rest, but there was something that was, it was something that had been so fundamental to my life, to my sense of myself, and that seemed to have touched her, to have moved her maybe, to have stayed with her. Something of me. So it also, it was, also very human you know, in that second I thought is there something staying with you. You're not a machine or you're not just a window or glass or something transparent." (P6)

For one participant, this gave them a sense of a more meaningful engagement, which helped to move the therapeutic process along, to something more open and honest. As participant 5 described, when she went back to therapy after expressing her anger

"And she shifted. She shared with me how she felt, that she didn't think I'd be coming back and I think she shifted a bit. She softened a bit. And we were able to talk about the impact of that and that it came as a surprise to her how much she was missing me. I think she had no idea how it felt on my side. So that was quite a surprise to her the degree of missing something. And that she was … she as more, I don't know, she was much more … something had changed for her as well." (P5)

"it's not that she opened up her boundaries as such or started disclosing willy nilly but there's something, the communication became more honest, I'd say." (P5)

Participant 8 spoke about how the therapist reflected on what was happening between them and then brought this back into their relationship, which provided *"an opener"* for her to express herself:

> *"So when she, she must've realised that one herself so she brought it up and when she brought it up that was when I said to her I've been extremely frustrated that I don't feel like I know how anything I say impacts you."* (P8)

For participant 8 this opening was a two-way process, with the therapist self disclosing in a helpful way, that took away some of the power imbalance and projections:

> *"it was humanising. It made me, it helped, I felt, helped redress the balance. I felt like we'd met on an even playing field, whereas we hadn't up to that point."* (P8)

> *"Because she'd said a bit about herself I was able to see it as her style rather than her response to me. It kind of took off, it took off the projections that I was putting onto her.*" (P8)

In addition, experiencing the therapist sharing how she had been impacted by some of what the client had said to her, enhanced the sense of connectedness that had been missing:

> *"She said that there were a couple of things, she named a couple of specifics in my scenario that made her feel quite sad, um, and it turned into a good session where I felt quite connected."* (P8)

6.3.3 Client response

The clients' responses after explicitly expressing their anger also impacted on the ensuing process. These responses fall into five main sub categories, client retaliating response, client blocking response, client withdrawing response, client giving up and client opening response.

6.3.3.1 Client retaliating response

Some participants described responses that seemed to be ways for them to retaliate against the therapist, their way of *"fighting back",* or defending themselves. As participant 3 describes:

> *"that's what I get or that's the overwhelming feeling and then there's the part of me that wants to fight back, or say you're wrong or it's not like that. So I suppose you could categorise it as maybe defensive, defensive anger"* (P3)

Two participants described feeling the therapist had no right to respond to them in the way that they did, and they retaliated by expressing this to their therapist:

> *"when I saw that I just thought you are my therapist! You can't roll your eyes at me!"* (P6)

> *"I don't think you have the right to talk to me with this tone of voice and then I said I don't think you have the right to be angry at me"* (P7)

Other participants spoke about retaliating through verbally hurting their therapist, either consciously or unconsciously:

> *"I said so many things to her. I said I don't feel that there's a connection, I don't feel that I want to come and see you, actually if I never came to see you I, you know, I would be really happy about that. I would be really happy about never having to come to see you again. Um so I said some harsh things like that and I meant them actually."* (P5)

"I mean the thing about the joke is, I mean it just kind of came out, but I suppose it was a joke when I had told the therapist that I was making fun of her with someone else always bringing it back to the here and now. So in one way it was a joke but it was kind of a viscous, well not viscous but there was a cut, an undercut to the joke that I was hurting her. You know not that I meant to hurt her it kind of just came out but there was this undercut" (P3)

One participant described wanting to physically hurt their therapist:

"I know it's going to sound violent but my sense was that I just wanted to hurt her. Just wanted to sort of hurt her physically, that was my feeling." (P6)

Another participant described wanting to hurt their therapist in a more passive way, by not responding to their therapist's attempt at communication:

"I might have hoped to leave her with some anxiety regarding that. Or with some anxiety regarding what was going on for me. How I was feeling and dealing with my feelings basically." (P7)

6.3.3.2 Client blocking response

Closely related to retaliating, are clients' responses that hindered any open exploration and blocked the therapeutic process. One participant spoke about this, partly as a way of defending themselves:

> *"I was in a place at that point when I got defensive to then rather than go to another session and explore that defensiveness, I was going to stay defensive. I definitely wasn't going to explore anything with her."* (P6)

Participant 3 spoke about not wanting to consider the impact she might have had on her therapist and so shutting down this exploration of the co-created dynamic

> *"I needed to get out of her head and focus on what was going on for me"* (P3)

> *"And then I said I guess its hurting you. And then I said but I don't want to go there, I don't want to feel your hurt because the therapy is about me and my stuff and this is the dynamic that's going on. I know I may have hurt you with what I said but I don't want to have to say sorry or anything for that."* (P3)

6.3.3.3. Client withdrawing response

The majority of participants spoke about how they withdrew from the therapeutic relationship, following their explicit expression of anger and the subsequent process:

> *"at that point I just sort of cut off from it"* (P1)

> *"And I found myself pulling away"* (P2)

> *"So it wasn't real work anymore. I wasn't moved. I wasn't touched. It became more intellectual I guess and I withdrew for a while. From our relationship because I didn't feel like we had a … genuine enough, maybe, genuine enough relationship for me to take risks at that stage"* (P6)

> *"I didn't bring anything. Nothing. Absolutely nothing. Only things that were – that I would have told the milkman or something."* (P9)

Many participants spoke about losing trust for the therapist, and some described how this would impact on what they would bring to the therapeutic encounter:

> *"I mean at the end my feeling was that I don't trust you. Let alone all those horrible things. I don't trust you as a therapist to be able to handle what I bring and also reach the right conclusion and reach it with me. So I have no trust in your therapeutic skills to bring anything anymore. So that is a huge thing to happen right at the end of a 4 year long relationship."* (P6)

> *"Yes I lost my trust in the process, um. I lost my trust in her and in her professionalism, in her ethic. In her as a professional and as a human being as well. I lost my trust. And I think that's a big thing."* (P7)

Closely linked with this lack of trust and respect was some participants starting to doubt their therapist's competence and become judgmental of them:

> *"I sort of for that moment I think I got on my high horse and started judging her."* (P6)

> *"mainly I think I thought she was a bad therapist. So mainly it was about my judgement about her."* (P9)

6.3.3.4. Client giving up

Linked to some participants withdrawing from the therapy, were participants feeling *"despondent"* and *"what's the point",* leading them to give up on the therapy:

> *"I give up and I genuinely think I can't be heard then I can't go on"* (P1)

> *"At that point I didn't think I was going to be able to get anything"* (P2)

With this came the realisation that the participant had done all they could do by expressing their anger and nothing was changing:

> *"I didn't really feel like she was going to change I think I came to realise that from the session that just happened because there's nothing more I can do apart from being honest about how I was experiencing her. So it's like if I'm naming it and I'm saying it and I'm saying it again and again and again and that person can't hear me then ...I didn't feel, I felt like we'd reached a limit. Like there was no point in carrying on working with her"* (P4)

> *"But in working with her for more wouldn't have necessarily solved it, it would've been a torture for me and why should I torture myself like that with someone who I don't think is committing themselves to the sort of relationship I want. That's why I didn't do it." (*P6)

"I didn't see the point. I didn't see that anything was going to change by kind of saying we've had this conversation and nothing's changed because she was obviously affected by the conversation, by what happened and then if she didn't, if she'd have gone back to it. It's not like she could've forgotten about it, if you know what I mean, so to bring it up again, it felt like rehashing, and sort of thinking, maybe we're just not a good fit." (P8)

6.3.3.5. Client opening response

Participant 5 had the most positive outcome after explicitly expressing her anger, and she spoke about some of her own responses that opened up the therapeutic process after the climax of this expression.

This was partly due to this participant having some empathy for how it might have been for the therapist, after she explicitly expressed anger towards her,

"I think, I'm sure it must have been a bit difficult for her to hear that, because there's something implicit in that, from a professional perspective, and I think she found it hard with me, also being a trainee or psychotherapist, and so knowing the tricks of the trade" (P5)

In addition, participant 5 spoke about how explicitly expressing anger led to a more open level of communication that was needed in the therapeutic relationship:

"when frustration builds up in a relationship sometimes the anger can precipitate more honesty as long as it's followed through and processed properly and that you stay committed to the relationship and you know committed to work it through difficulties, but somehow the anger is the point that sort of, um, triggers some movement as long as it's controlled, as long as it doesn't become uncontrolled, and in my case it's been very helpful, um from a…, in personal therapy it's been very helpful, so and if I hadn't expressed anger, I don't think, we would still be skating round, round the, it wouldn't have lanced the boil basically." (P5)

6.3.4. After effects

I will now look at the after effects of the client's experience of explicitly expressing anger towards their therapist. This is in four main sub categories – the interpersonal, the intrapsychic, unmet needs and reflections.

6.3.4.1 Interpersonal

Ending therapy

For the majority of participants, the therapeutic relationship ended shortly after explicitly expressing their anger towards their therapist. For some they were working towards an ending anyway as the anger came to a head, but for other participants the ending was more abrupt and unplanned:

> *"And I'm not paying you anymore money and I'm sorry I'm going. And I left and that was the end of that"* (P2)

> *"And in that session I just thought f**k it! I don't, I'm not going back. Why should I go back? You know I've done everything, I've done absolutely everything I can. I've paid her as well loads in advance, which she wanted and f**k it, I'm not going back."* (P9)

Participant 8 had felt the therapeutic relationship was over, as nothing had changed in the way she needed it too after explicitly expressing her anger. There was some acceptance that her therapist wouldn't be able to connect with her in the way she needed, but she felt she needed a reason to leave, which presented itself when the therapist's fees increased:

> *"The point at when I did leave was she announced she was putting her fees up so I had my reason then and I kind of used that as a little bit of a get out clause to end the therapeutic relationship. Whereas had it been with a therapist I had really bonded with, I probably would've paid the difference. But I kind of used that as an easy out to be honest.* (P8)

Participant 4 described ending the relationship due to the dissatisfaction and anger she experienced in relation to the therapist, and how she went back for an ending session, but felt even more annoyed during this:

> *"I just felt more annoyed and I just thought I've made the right decision. This reaffirms the decision I made."* (P4)

Other participants spoke about feeling *"relief"* at ending the therapy. This was in contrast to participant 3 who felt sadness and said *"I think I cried a lot leaving one of the sessions because there had been really kind, good, supportive parts of the therapy as well"* (P3)

Participant 6 spoke about feeling more connected to the therapist in the ending, after explicitly expressing her anger, but how this was too late for real repair, as she described *"I was moved, but within that context it was like a flower in the dump"* (P6)

Some level of repair

Participant 7 spoke about being able to have some level of repair in the relationship and, although the relationship was not what she needed and eventually ended, they were able to work together on some level which was different from her previous expectations:

> *"There was a rupture. We did repair it. We did repair the relationship but to a certain level, because I don't believe any relationship can be totally repaired after a rupture. And that's a good thing. That was a good thing for me as well, because it was the first relationship that I had with somebody where something happened, there was a rupture and I was still willing to stay in because before I would just end the relationship so that's why I also decided to try because I also thought it would be a learning experience for me to try to repair a relationship and see what happens and that. Before I would say no relationship could be repaired. Now by experience I would say it can be repaired up to a certain level, yes that's what I've learned from it."* (P7)

Moving things along

Participant 5 described how the process of explicitly expressing her anger towards her therapist had a positive effect because afterwards, the relationship *"shifted, yeah, a different level of honesty and intimacy and a level of communication*" (P5)

She described this process as a combination of both her and her therapist's responses that led to a shift in the dynamics:

> *"And I think the combination of me, being encouraged by others, by this man to just talk to her about how I felt, and her shifting a bit, I think the two things together, helped and then we were able to work through that and then it just snowballed into good stuff, you know, as in being closer and being yeah. So it shifted something that expression of frustration, helped move things along actually."* (P5)

This participant described how when they finally ended a few months later, due to the therapist's practice winding down, this was emotional because of what they had been through together:

> *"I was upset at having to stop which, you know I said to her, there was a time when I couldn't stand to see her. It was just incredible and I used to think why do I have to come and see her, and then I was quite sad to have to leave her actually. I was quite emotional that day."* (P5)

6.3.4.2 Intrapsychic

Many participants spoke about the experience being a *"horrific", "terrible"* and *"damaging"* experience. A few participants likened their experience to a *"trauma"* and the impact of this:

> *"Feeling like I'd gone through a trauma …….I left obviously, it was almost as if I was released from, from that space but I felt all sort of numb and worn, exhausted."* (P6)

> *"I went into this implosion. And I had to put one foot in front of the other."* (P9)

With this several participants described feeling *"unsafe"* and *"vulnerable".* For some this manifested in them fearing the therapist might come after them:

> *"I mean I really did think will she come after me? What will she do? I really didn't feel safe"* (P2)

> *"Yes, or turn, maybe turn on me."* (P8)

Or one participant described how it affected her in finding a new therapist:

> *"I felt scared, because I felt like I needed therapy to get over or work through the wounding from that therapist and so it took me…I felt really scared to find a new therapist and I was really, yeah I felt really scared that I'd be wounded again, because I felt how can someone wound someone when you've already clearly identifying the behaviour they're doing that is wounding you and they're continuing to do it."* (P4)

Many participants spoke about still having feelings around their experience, which were brought up whilst talking to me:

> *"Still feel angry"* (P1)

"there is some feeling of hurt for me" (P3)

"And I feel quite upset talking about it now" (P4)

"And now and sitting here now I'm starting to feel a bit odd in my head thinking about it." (P9)

"Well I felt kind of teary at one point, which is surprising for me to see how present it is still with me when I'm talking about it. I can see the way she is sitting. The room, I can feel the room. It's still very much around. I think that break in trust is not something you can easily move on from." (P6)

Some participants described that things hadn't been *"resolved"* between them and their therapist and they were still processing what happened and it felt *"unfinished".*

"It took a while um you know to process that certainly and it's not, I mean even now I'd say it's probably still not 100% processed" (P1)

"It definitely hasn't ended. For all the talking about ending and everything else, it's not over" (P3)

"but even today, it's been four/five months probably since we ended and when I think about it I feel I still haven't fully processed it, I, it's on the kind of feeling level I can I don't get agitated but it's still with me." (P6)

Participant 3, in particular spoke about it feeling unfinished and how she is still wanting to restart with this therapist as *"I feel like I want to go back and talk to her about that and I suppose try and work through it a little bit*" (P3)

6.3.4.3. Unmet needs

All participants spoke about things that were missing for them within the therapy, both throughout the relationship and also after explicitly expressing anger towards their therapist, with the exception of participant 5 for whom some of these aspects changed for the better after expressing her anger. These unmet needs came under three overarching and connected areas.

Needing human connection

Most of the participants spoke about longing for a more honest and genuine human connection with their therapist:

> *"Or what his honest feelings. I got some of his feelings but they were, I don't actually believe that's what he genuinely feels."* (P1)

> *"But just to…, on a human level, to say ok we did something for this long year and I'm sorry that it hasn't worked out but I wish you well."* (P2)

> *"I don't know maybe something just making it more real"* (P3)

With this came a need for the therapist to bring themselves into the room more:

> *"You know it was sort of this is what therapists do, and I think there's something about self disclosure there and I think that self disclosure makes a person human, actually. The degree of self disclosure is a very fine art to get right but I think self disclosure makes you a human person who has lived a life that someone else can relate to."* (P5)

> *"It might be sharing how she feels. Whether she felt angry or not, or what sort of bodily reactions she had. Showing me herself. Yes it all boils down to that."* (P6)

> *"It was important to me that she could be real, that she could be open and honest with me and I don't think she was able to do so and I think that's a big thing because when you feel that your therapist isn't able to*

be real with you, that's a huge thing. I don't think the relationship can last." (P7)

"For me it means a relationship, so I get something of them in the room. Not in a self-disclosure kind of way, what's going on in their life, but just of them really, so it feels like two people meeting." (P8)

Needing the therapist to acknowledge their part

Many participants spoke about *"needing the therapist to take responsibility"* (P1) as *"at least if she'd been owning something like in terms of blame or responsibility."* (P2).

Participants described how the therapist owning their part, might have opened up the therapeutic space:

"it would make it less that it's all about me and that it's my resistance and everything else and it would be more like oh look at this dynamic that's popped up between the two of us and look that when you want to go that way I go this was, what's that about?" (P3)

"I mean it was certainly not all her stuff but it was jointly created and it would've been helpful if we could have admitted it together basically." (P5)

*"Would really be themselves in the room and own their sh*t and talk about it with me."* (P9)

Needing reflective dialogue

Closely linked with this, was the need to have a reflective dialogue about what was happening in the therapeutic space. As participant 2 said, *"I think being willing to call the rupture a rupture and work on overtly repairing it, at any point"* (P2).

With this, participants spoke about needing a level of reflexivity and humility from their therapist:

> *"So I think I was hoping that she would've reflected on that and maybe apologised or just owned, like I would've respected her more if she would've just owned the mistakes that she did."* (P4)

> *"I really work from the principle of honesty and, you know, if she would have said that it would have immediately diffused the situation. But that requires some humility actually, it requires getting it wrong and being humble enough to admit you getting it wrong. Or that despite your best efforts how it's been perceived on the other side is that it's a miss rather than an, you know, and I could sense that she would not be able to admit that."* (P5)

> *"I expected some real, genuine, um, yes, I don't know, but one of the things that I've learnt in this training, is for me it's the most important thing, it's about having humble, coming always from a humble position where you are a reflective practitioner. You keep reflecting and you never take anything for granted"* (P7)

6.3.4.4. Reflections

Most participants reflected on their experience of explicitly expressing anger towards their therapist and the impact it had on them.

Many described feeling pleased they expressed their anger as this was beneficial to them, even if it did not have the desired impact on the therapeutic relationship:

> *"I think it felt good, it felt like the right thing to do."* (P1)

> *"I think its more beneficial for me and its better for my development if I can express some of it in the moment or get some of it out rather than keeping it pushed down until it explodes by itself"* (P3)

> *"I feel lighter having expressed my anger"* (P4)

Some described how it was a learning experience for them, both about themselves and in the way they relate to others:

> *"It's shown me that it's ok, I suppose, for me to let people help and for them to, you know, mess it up and see I'm still ok"* (P1)

> *"But um, I think it was a learning experience for me, definitely, because one of the things I've learnt is that we can't change and we can't make people feel, say, express and react the way we would like them to"* (P7)

> *"but I was sort of surprised at what I can achieve within myself. How I could seek support and how I could stand up for myself perhaps. I've never had an experience like that with anyone so that was … that was very extreme for me but even then I managed to express anger, my anger, I managed to take responsibility. I feel like, although it felt like work, I'm working on myself, it was helpful to see I'm not going to just crumble and have a breakdown or something."* (P6)

In reflecting on the process some participants spoke about acknowledging that they did not express clearly enough what they wanted to with their therapist along the way, and how this many have contributed to their anger building up:

> *"So I think the frustration was, now in hindsight, I can reflect about that and I think it was a frustration with myself really, not with her. Which I obviously at that time took it as it was hers."* (P7)

> *"there are times when, you know, I said it wasn't something I relished, and after you think oh why didn't I say that? I didn't mention that"* (P8)

Other participants spoke about how these experiences have taught them to listen to themselves more, and have led to a greater understanding about what they may need in a therapeutic relationship, and how they could make their own decision to leave if it was not beneficial for them:

> *"So if I had to do it over again I would, I think, listen to my anger or my frustrations and then try and act on it a lot sooner if not with the person and if I wasn't getting somewhere with her then terminate things"* (P2)

> *"I think I feel more confidence in myself to pay attention to how I feel in initial sessions so I can decide if I want to carry on or not"* (P4)

> *"I realised that I hadn't been choiceful in starting a relationship and then I hadn't been, made sure my needs were met. So I was really, really clear in what I wanted in a therapist. Which I hadn't been anyway."* (P9)

7.DISCUSSION

In this section of my research, I aim to describe a theory of the client's experience of explicitly expressing anger towards their therapist that represents the findings from this research. As mentioned in the findings, even though the processes are described distinctly, they are all interrelated with each impacting and influencing the other. Furthermore, many of the processes that are present building up to the client's explicit expression of anger are apparent and amplified during and following the expression.

7.1 Building up to the explicit expression of anger

The findings from this study portray a somewhat temporal sequence building up within the therapeutic relationship, leading to the client's explicit expression of anger. The data indicates that the expression of anger is not an isolated incident, but rather the accumulation of an ongoing cycle of interactions that persist throughout the relationship and are amplified leading up to and during the explicit expression of anger. This supports the view of psychotherapy as a spontaneous, dynamic process involving a co-created therapeutic relationship that is "continually established and re-established through ongoing mutual influence in which both patient and analyst systematically affect, and are affected by, each other" (Aron, 1996, p.248).

These processes incorporate both interpersonal and intrapsychic dynamics, in such that they are based on both interactions and interpretations, and these processes are illustrated in Diagram 2.

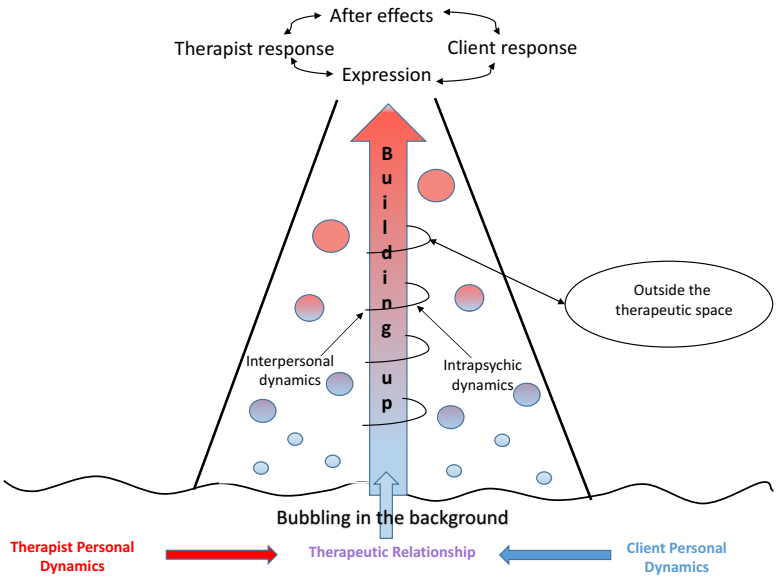

Diagram 2: The processes leading up to, and including, the client explicitly expressing anger towards their therapist

Diagram 2 depicts a volcano form to illuminate the findings from this research. Volcanic eruptions can arise through different processes and they can vary in terms of activity, strength and repercussions. The findings from this research show the same is true when a client explicitly expresses their anger towards their therapist.

This research represents the therapeutic relationship as a volcano shaped container for the client's intrapsychic and interpersonal processes as they develop over time. Underlying this container are the personal dynamics of both the therapist and client and their interaction within the therapeutic relationship. Tensions within these dynamics are bubbling in the background, meaning this container is positioned on unstable ground thus allowing these underlying "bubbles" of pressure to surface into the therapeutic space. These findings indicate that, in the main, initially these "bubbles" are rather small and innocuous, and disappear with relative ease as they are absorbed back into the therapeutic relationship. However, over time through ongoing interpersonal

and intrapsychic dynamics they reappear and increase in size and strength. This leads to pressure within the therapeutic container intensifying until reaching a climax, where the pressure erupts and is released. Just as in a volcanic eruption, this research demonstrates how the client's experience of their explicit expression of anger can contain a complex interaction of components, it can be expelled in different ways, varying in intensity and in the consequential level of repair or irreconcilable damage to the therapeutic container from which it is released.

7.1.1 Interpersonal dynamics

The findings from this research are consistent with a relational perspective in which the client and therapist are seen as interacting in a "relational matrix" (Mitchell, 2000), as represented by the volcanic shape in Diagram 2. Underlying this are dynamics bubbling in the background, which form the foundations of the therapeutic encounter and influence and impact on the interactions and interpretations throughout the ongoing therapeutic process. This is consistent with Bordin's (1979) concept of the therapeutic alliance and how the capacity for the client and therapist to form a strong affective relational bond is fundamental for the therapy to take place. As the research concurs the alliance is continually negotiated within the dyad and if the foundation is unstable due to a weakened alliance, this produces more opportunities for frustrations and anger to arise and develop.

A central component underlying this weakened alliance is the participant's experience of their therapist as distant and disconnected, not present as another human being in the therapy room with them. This is partly due to a lack of transparency from the therapist, where they are experienced as a "blank screen", which could be unsettling for some participants and exacerbated their sense of disconnect. These findings are consistent with the integrative and relational schools of thought where the interpersonal relationship is key, and requires the therapist to bring themselves fully into the room and attend to what is transpiring in the real relationship (Clarkson, 1995; Evans and Gilbert, 2005). This reflects Buber's (1996) notion of 'I-Thou', which places value on the importance of two subjectivities meeting in a fully human way. This could lead

to an increase in anger as participants longed for a sense of connection that was missing with their therapist. As such, although there were tussles along the way, at least these provided some form of engagement from the therapist.

This research demonstrates that this pervasive sense of feeling unmet by their therapist disrupted the ebb and flow of the therapy and highlights the fundamental significance for the client to "feel felt" by their therapist (Siegel, 1999). In contrast to Stern's (2004) "vitality affects" and shared "moments of meeting", which have a positive impact on the therapeutic relationship, these findings demonstrate the other side of the coin, where ongoing "moments of missing" corrode the quality of the therapeutic relationship and intensify feelings of anger.

These findings concur with the developmental literature and how these interactions are reflected in the therapeutic process. They highlight the importance of healthy mother-infant dyads in facilitating the delicate sequence of attunement, misattunement and re-attunement, that is essential in the infant developing the capacity for self and mutual regulation (Beebe and Lachman, 1998). In healthy dyads, moments of misattunement are met with repair and so the sense of connection within the dyad persists. However, as these findings suggest, when the relational bond is weakened this sense of repair is tenuous and the underlying flaws persist causing an increase in feelings of anger.

Another important finding is that frustrations and feelings of anger arise when the therapist is experienced as being rigid and inflexible with an unwillingness to adapt to the needs of the client. Reflecting on Diagram 2, if the therapeutic container is too rigid it restricts the fluidity of movement and so bubbles of disruptions in relatedness become trapped and agitated as the pressure builds up and then erupts. This research demonstrates that therapy can become a combative space where the client experienced the therapist as being directive, or pushing them in a certain way as they became caught "battling" in vicious cycles of hostility. A significant aspect of this was the therapist being experienced as an omnipresent observer and infantilising the client, not trusting in them and their own sense of agency. This also reflects the fundamental

human conflict between an individual's need to assert their own agency whilst also maintaining connectedness.

This research shows that the majority of participants expressed their concerns and feelings of anger towards their therapist as they arose. Unfortunately, this was not to positive effect with some participants reporting they did not feel heard by their therapist, thus exacerbating their feelings of anger. Other participants described how expressing their concerns along the way led to temporary acknowledgement which would dissipate the intensity of their anger. However, when nothing changed within the therapeutic relationship as a result of their expression of anger, these feelings would soon reappear with increased intensity.

These findings highlight the importance for the therapist to pick up on their client's anger, as when this is not picked up on there can be an escalation of anger. As Bugental (1987) describes "the primary instrument brought to the support of the client's therapeutic efforts is the therapist's trained, practiced and disciplined sensitivity" (p.222).

These findings also take it one step further and highlight how it is not only important for the therapist to pick up on their client's feelings, but something needs to shift in the therapeutic dynamic as a result of this. This emphasises the importance of "appropriate responsiveness", whereby the therapist is continually adjusting their responses based on the current state of the client and the interaction (Stiles, 2013). This is reflected in the findings which show that although participants reported initially feeling heard, when nothing changed as a result of expressing their anger, their feelings of anger increased. These findings are supported by Rhodes et al (1994) in that it is not only important for the client to assert their dissatisfaction and for the therapist to listen but the therapist also needs respect what their client is expressing and be responsive to this and make accommodations.

If these empathic failures can be worked through between the therapist and client they can play a major part in the change process (Kohut, 1984) and can provide "the royal road to analytic understanding" (Stolorow & Atwood, 1992).

However, as this research reveals, if these therapeutic impasses are not worked through it can lead to an increase in negative emotions and it becomes harder to retain connectedness which has a lasting detrimental effect on the therapeutic process.

This research reflects these interpersonal experiences occurring on a continuum. For some the underlying aspects bubbling in the background are pervasive throughout the therapeutic process, disrupting connectedness with only some glimmers of engagement. For others these "bubbles" appear, disappear and reappear at different times, however their resolution is incomplete leading to an accumulation of their presence. This supports the rupture literature which highlights ongoing tensions in negotiating relatedness between two subjectivities on both conscious and unconscious levels (Safran & Muran, 2003). As such the interpersonal dynamics are impacted on and influenced by both the subjective experience and interpretations of the client in a reciprocal dance of ongoing mutual interaction and influence.

7.1.2 Intrapsychic dynamics

In addition, this research highlights that anger is a subjective emotional experience and so the therapeutic relationship is impacted on by the subjectivity of each participant and the perceptions and meanings they ascribe to the relational processes.

In the same way as the expression of anger is not an isolated incident, the findings illustrate that the client's experience of anger is not an isolated emotion but rather experienced as a complex interplay with a range of other emotions, such as confusion, pain and feeling overwhelmed, alongside some positive and warmer emotions towards their therapist. This echoes the existing literature which describes anger as often being intertwined with other emotions, such as sadness, hurt and guilt (Tavris, 1989), and that love, anxiety, and anger can be provoked in relation to one person, thus resulting in painful internal conflicts (Bowlby, 1973). The findings also revealed feelings of disappointment and despondency, in conjunction with feelings of anger, as over time the

participants oscillated between “anger of hope” (Bowlby, 1973) to the resignation that anything might change.

The findings indicate that many participants experienced feeling unaccepted and judged, and that they were being treated unfairly by their therapist, with a sense of injustice about the process. This shows the value for clients to experience empathy, congruence and unconditional positive regard as core conditions (Rogers, 1957) forming the foundations for a secure therapeutic space. A troubling finding was that at times this sense of feeling unaccepted went even further for some, with them describing feeling attacked and persecuted by their therapist and this could even cross the boundary to being experienced as abusive, questioning issues of ethics. This highlights the significance for the therapist to be mindful of any possible power dynamics that may emerge as the therapeutic relationship is “mutual but not symmetrical” (Aron, 1996) and so may have the potential capacity for harm instead of help.

Connected with this is participants experiencing a lack of trust, security and stability within the therapeutic relationship. The process of therapy is not to feel unchallenged or comfortable, but there needs to be a “secure base” (Bowlby, 1988) where the therapist is experienced as trustworthy and reliable, physically and emotionally available for the client to develop and explore complex issues. This links to the concepts of the centrality for “holding” (Winnicott, 1965) and containment (Bion, 1963) as the therapist survives and absorbs the affective experience of the client and gives it back to them in a processed form, facilitating them in tolerating and regulating these affective states themselves. Without the participants experiencing these phenomena within the therapeutic setting, the findings demonstrate how the participants described feeling unsafe and overwhelmed by their emotions.

In addition this research indicates that, as well as impacting on affect regulation and management, this lack of a fundamentally secure relationship had a detrimental impact on the participant’s capacity to process and make sense of what was transpiring between them and the therapist. Some participants described grappling with feelings of confusion and self-doubt as they

experienced an absence of transparency from the therapist. This was exacerbated by a lack of open dialogue with their therapist, thus leading to a sense of feeling alone in the therapeutic endeavour. These findings demonstrate the fundamental need within the therapeutic relationship for the shared dialogue of experience and collaborative co-construction of narratives that is central to meaning making and the capacity for mentalisation (Fonagy & Target, 1997) and "mindsight" (Siegel, 1999). This is especially true at times of heightened negative affect when it may be especially challenging to do so.

Not only is the accumulation of anger based on the interactions in the here and now of the therapeutic relationship but also on the individual subjectivity, history, preconceptions and needs that each bring into the therapeutic relationship. This can be thought of in terms of transference and enactments as the participants were aware that, at times, their feelings and interpretations were based on the therapist triggering something for them that represented more than the present moment within the therapeutic space. They also sensed that the same could be true for the therapist and they could be triggering something from them, however due to the limitations of this research, the therapist's experience and perspective is the missing piece of these intersubjective interactions.

An interesting finding from this research is that, even with their increased feelings of anger, participants persevered and continued with the therapeutic relationship. This was partly as there were good aspects too within the relationship. Participants were emotionally invested in this such intimate relationship and were holding onto the "anger of hope" to bring about change enhance the quality of the relationship. In addition the findings show that participants persisted with the therapeutic relationship, not only in the hope of bringing about change, but also in an attempt to facilitate changes within themselves, and to change pervasive maladaptive relational patterns. Throughout the challenging processes leading up to their explicit expression of anger, participants persevered as they believed working through these difficulties presented a necessary part of the therapeutic endeavour to enable

them to “explore, challenge and change maladaptive interpersonal patterns” (Safran and Kraus, 2014).

7.1.3 The client’s experience outside the therapeutic space

The findings show that participants experienced much anger in between sessions, which is consistent with the literature that “anger is an internal state that typically outlasts the events that trigger it” (Potegal, 2009). Just as reflected in the processes within the therapeutic container, this took the form of both interpersonal and intrapersonal dynamics. Some participants tried to make sense of their experiences and develop a reflective function, through talking to others about their experiences and some started making their own notes about the sessions to process what was transpiring. Furthermore, this research shows that at times of heightened stress and disruptions within the therapeutic relationship, participants sought refuge outside of the therapeutic space, through talking to others about their experiences, thus echoing how individuals seek proximity to others at times of distress (Bowlby, 1988).

The consequences of these processes were twofold. For some participants talking to others had a facilitative effect as they felt validated in their own experiences and started to make sense of their situation and restore their sense of agency and choice at times when they were feeling disempowered. Conversely, for others talking about their experiences outside the therapeutic space had an adverse effect and merely served to freeze their hostility and lock them in their angry state (Tavris, 1989).

7.2 The client's explicit expression of anger

As outlined previously the client's explicit expression of anger is not an isolated event, but more the accumulation of tensions and anger arising within the ongoing therapeutic negotiations. Reverting back to Diagram 2 this accumulation of anger is represented in a volcanic form. Just as a volcanic event occurs when there is a sudden or continuing release of energy caused by near surface movement, the explicit expression of anger occurs due to a sudden or continuing series of disruptions within the therapeutic container. In a volcanic eruption, the release of this energy can be explosive, or non-explosive and the impact can be destructive or non-destructive. These findings reflect this volcanic activity and delineate the client's explicit expression of anger in three overarching categories, although they can be employed in conjunction with each other. These overarching categories are planned expression, or the more explosive "opening the floodgates" or a less destructive "holding fire".

Planned expression

Some participants described planning to explicitly express their anger towards their therapist. This could involve making notes between the sessions, in addition to talking to others about their experiences so they could better understand their experiences and reflect on what they wanted to express to their therapist.

For some this involved sending their therapist an email in between the sessions, which would allow them to express themselves explicitly without interruptions or retaliation, which was in contrast to their experience within the therapeutic dyad. Some participants expressed how their anger dissipated when they were face-to-face with their therapist and so it may have been easier for them to express themselves via the distance of an email. Unfortunately for most participants who expressed their anger via email, this did not have the desired effect and they felt their emails were mainly ignored, thus exacerbating their feelings of anger.

These findings reflect this planned expression of anger as akin to Bowlby's (1973) "anger of hope", where anger is expressed as a form of communication to influence the other to change, rather than cause harm. The findings show that for many participants this planned expression of anger was in response to disruptions in relatedness with their therapist in an attempt to motivate them to pay more attention in the future and therefore engage in a more attuned and attentive relationship, with "appropriate responsiveness" (Stiles, 2013).

Opening the floodgates

The findings reveal that some participants explicitly expressed their anger in response to a trigger in the session, which led them to opening the floodgates. This was a more spontaneous and uncontrolled outpouring of emotion, and reflects other findings that anger can primarily be in retaliation to feeling hurt, rejected or abandoned (Averill, 1982).

The explicit expression of anger in this way can be seen as a form of communication and a desperate attempt to restore connectedness. Some participants described their therapist retaliating when they expressed their anger in this way and, even though these moments reflected heightened conflict, some participants described how they also provided some much longed for contact and engagement. As DeYoung (2015) states "we can understand even angry demands as a client's healthy attempt to maintain the particular kind of connectedness she needs".

Holding fire

This research demonstrates how during the climax of the expression of anger, "holding fire" had a beneficial effect. Some participants described experiencing a strong desire to retaliate or to withdraw at these intense moments but rather than react impulsively they were able to create some space to reflect on the process, and then communicate their feelings more effectively.

7.3 The ensuing processes following the explicit expression of anger

As described previously a central finding of this research is that the client's explicit expression of anger is not an isolated incident but rather there are ongoing undercurrents that represent microcosms of themes and dynamics that persist and are amplified in the explicit expression of anger and in the ensuing processes. These findings are illustrated below in Diagram 3.

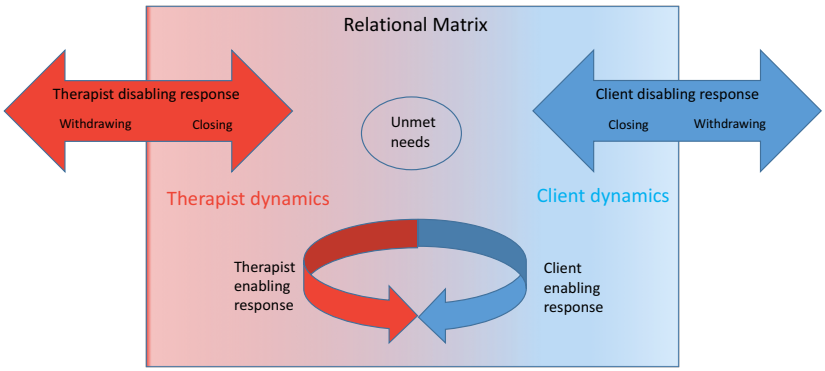

Diagram 3: My proposed model for the client's experience of explicitly expressing anger towards their therapist

The background represents the "relational matrix" which comprises of the personal dynamics of both the therapist and the client and how these are played out individualistically and transactionally within the therapeutic relationship leading up to, during and after the explicit expression of anger. These findings are supported by Anchin's (2002) notion that we are "dealing with a co-created pattern of interaction intimately tied to an interlocking of each of the dyadic partners' personal dynamics".

Understanding the processes as described by participants, this "relational matrix" can be thought of as the underlying dynamics bubbling in the background and building up within the therapeutic relationship. The arrows that overlay this represent the interactions during and after the explicit expression

of anger, which are comprised of enabling and disabling responses from both the therapist and the client. These findings bring to light the different aspects of the disabling responses. On the one hand the disabling responses can serve to close the therapeutic space, as opposing forces of the dyad obstruct exploration and engagement through attacking, retaliating, or blocking and shutting down. On the other hand, the disabling responses can create too much space between each party as they withdraw from the therapy, meaning the sense of connection is tenuous with no real engagement between client and therapist. The findings show the unmet needs of the clients are the consequential casualties of these disabling interactions.

Conversely, the findings show that the therapist and client can engage in enabling responses following the client's explicit expression of anger. These responses are facilitative in that they open up the therapeutic space to allow for collaborative exploration and "moments of meeting" (Stern, 2004).

As such the findings reflect that anger "may be regarded as either adaptive or maladaptive, therapeutic or countertherapeutic" (Frank, 2002).

7.3.1 Disabling responses

This research indicates that there are a range of disabling responses and, just as in a battlefield, the client's explicit expression of anger can lead to consequential interactions of attacking, defending, blocking or withdrawal.

Many participants described feeling attacked throughout the therapeutic relationship, as a result of explicit and implicit criticisms or judgements, which led to feelings of rejection, hurt and in some instances persecution. Consequently this caused the therapist and client to fall into an escalating pattern, where these feelings and criticisms continually reappeared with greater frequency and intensity. As is often the case when relationships are encountering difficulties, both members of the dyad became increasingly defensive which served to further close the therapeutic space through interactions based on blame rather than open exploration and resolution. These findings concur with the existing research and literature on ruptures

which describes how the therapist and client become caught in a vicious cycle of hostility and counterhostility (Safran & Muran, 2003) and that “expressing anger often leads to escalating cycles of attack and counterattack, or to defence, and prevents listening and collaboration” (Greenberg, 2002).

In addition to closing the therapeutic space through attacking and blocking interactions, this research reveals that the client’s explicit expression of anger can also serve to widen the gap between the client and their therapist, resulting in a tenuous sense of connection and engagement. Some participants described feeling locked within the vicious cycles of battling and feeling the only way for them to shift these dynamics or protect themselves was to withdraw. This resulted in a reduction in their level of engagement and investment within the therapeutic endeavour as they became resigned to not getting their needs met within the therapeutic relationship. Furthermore some participants described feeling their therapist withdrew from the therapeutic space, and how the lack of human connection and engagement that was present throughout their therapeutic relationship was amplified following the explicit expression of their anger. This also impacted on the participants feeling safe in the therapy and, once they lost trust in their therapist, it was difficult to repair.

The disabling responses that are apparent in this research are supported by consideration of the literature on couple therapy, where Gottman (1994) described different interactions amongst couples encountering difficulties in their relationships, namely criticism, contempt, defensiveness and stonewalling.

Underlying these disabling responses this research revealed several phenomena outlined below that served to increase these maladaptive interactions between the client and therapist. These are shaped by minimal space for affective attunement and reflective dialogue, together with a rigid and detached stance, lack of humility, distancing interpretations and uncontained emotional or personal responses

Therapist not accepting responsibility

This research indicated that when the client felt their therapist did not reflect on, or accept their contribution to the conflict this increased the anger experienced by the client and hindered resolution. Many participants described experiencing confusion and self doubt about what was transpiring in the therapeutic relationship and their experience of their therapist. They experienced their therapist as unwilling and defensive about contemplating their own contribution to the interaction and this increased their sense of confusion which prevented an open exploration of the co-creation and increased defensiveness on both parts. This is consistent with a two-person psychology and the intersubjective nature of all relatedness (Stolorow and Atwood, 1992; Stern, 2004) and highlights the importance for the therapist to acknowledge and reflect upon their own contribution to the co-created therapeutic relationship, particularly in the resolution of ruptures (Safran & Muran, 2003).

Affective misattunement and empathic disconnection

The findings demonstrate how some participants experienced a lack of attunement and empathy leading up to and after their expression of anger. This manifested with a pervasive feeling of being misunderstood and alone, with no sense of collaboration or human connection from the therapist that was amplified following the client's explicit expression of anger. As the expression of anger can be seen as a call for relatedness this research illustrates that when this is met with an increased lack of emotional engagement this can be very difficult to repair.

This elucidates the existing research and literature which says that during stressful ruptures in the therapeutic alliance, it can be hard for the therapist to stay connected and remain receptive to the embodied relational processes, even though this is what the client is hoping for (Kohut, 1984; Safran & Muran, 2003; Stern, 2004).

Therapist Interpretations

This research shows that when some participants expressed their anger towards their therapist, the therapist responded with an interpretation which participants experienced as distancing, blaming and persecutory, as they felt this located the source of the client's anger as primarily residing within the client rather than in the therapeutic relationship. These findings are supported by Safran et al (2005) who found that interpretations that focused on parallels between the therapy relationship and other relationships in the client's life were often experienced as criticising. This is echoed by Safran, Muran & Eubanks-Carter (2011) who found that such interpretations "can exert negative effects" and so should be used with caution.

Furthermore, the findings showed that in some instances clients experienced their therapist as persistently holding onto this interpretation, which could result in a power struggle and take away from the client's attempt for closer contact. As Simon & Geib (1996) state "to offer explanations, or to put forth an interpretation can all be ways of not responding to the client's invitation for contact".

This is consistent with the literature which states that interpretations can be part of a therapist's own defensiveness (Kohut, 1984) and can take away from affective attunement and empathy, where the therapist is experienced as being intellectually, but not emotionally, available as they present themselves as a distant and objective expert (Bowlby, 1988; DeYoung, 2015).

This research highlights how these interpretations perpetuate a negative interactional cycle of defensiveness, rather than restore a sense of connectedness and co-operation within the therapeutic relationship.

Therapist focus on the here and now

On the other hand, some participants reported finding the therapist's continual focus on the here-and-now of the therapeutic relationship could also increase their feelings of anger. This here-and-now focus contributed to participants feeling judged and blamed, and therefore increased their sense of having to defend themselves, which blocked collaborative exploration. This is consistent

with Safran and Kraus (2014) who state that reverting back to the here and now is not always helpful and can be seen by the client as being invasive and persecutory.

Therapist Rigidity

The findings from this research demonstrate that some participants experienced their therapist as rigid, particularly around their unyielding focus on the here-and now of the therapeutic relationship or on their persistence in making interpretations. This rigidity manifested in a lack of openness and flexibility and served to block exploration and to shut down the therapeutic space.

This is consonant with existing findings that when therapists recognise their client's negative feelings towards them, it can be challenging for them to engage in the process with the client. Rather than engage in a reflective dialogue with the client about their concerns and emotional experience the therapist's anxiety can lead them to respond defensively through a rigid adherence to therapeutic techniques (Strupp, 1993; Castonguay, Goldfried, Wiser, Raue & Hayes, 1996; Safran & Muran, 2003; Safran & Kraus, 2014).

7.3.2 Enabling and disabling dynamics

Self-disclosure

The findings from this research, show that some responses can be categorised as enabling and disabling. This is true for therapist self-disclosure which can have both a positive and negative impact, reflecting the ambiguity about the merits of countertransference disclosure in the wider field (Aron, 1996; Maroda, 2010).

An important finding in this research is that therapist self-disclosure had the most positive impact when the client could sense, explicitly or implicitly, that their therapist was impacted by them. This fostered a sense of a human connection between them, and this was particularly important when this had been missing leading up to them expressing their anger.

For some participants, their therapist's self-disclosure of their own anger was beneficial, because at least participants experienced a sense of engagement, transparency and energy between them which had been missing within their therapeutic relationship. This is supported by the literature which says that angry expressions can often be partly in the hope of producing an affective response from the therapist. Therefore, when the therapist starts to disclose their own experience within the therapeutic encounter this can start to repair connectedness and fulfil the client's unmet, intense need for the therapist to be visible, as a real human presence with a range of emotionality (Quillman, 2011; DeYoung, 2015).

The significance of this need for the client to experience their therapist in a personal way is reflected in Yalom's (2002) urge to "let your patient matter to you, to let them enter your mind, influence you, change you – and not to conceal this from them" (p.28).

The findings from this research demonstrate that, for some participants, when their therapist disclosed their own feelings and experiences in an honest and sensitive way this had a facilitative impact as it restored a sense of connection. This, in turn, opened up the therapeutic space for a collaborative exploration that demystified some of the projections the client was making and redressed the power imbalance as their therapist became more transparent as another human being in the therapeutic endeavour. This facilitated a more adaptive interaction between the therapist and client as "a willingness to self-disclose on the therapist's part facilitates self-disclosure by the patient, and therefore productive dialectical interchange between therapist and patient is maximized" (Renik, 1999, p.65).

Thus this research illustrates how the client's experience of their therapist's self-disclosure of their own affective experience can be beneficial if handled in a sensitive way to restore connectedness and open up the therapeutic space for open exploration.

Conversely, the findings from this research also show how the therapist's self-disclosure can have a negative impact and be detrimental to the therapeutic relationship, highlighting the challenges facing the therapist to self-disclose in a beneficial way. In particular the findings show that, for some participants, the therapist's self-disclosure was unhelpful, especially when they would react personally with an emotional and unmodulated response, through retaliating or withdrawing. This would serve to perpetuate a negative vicious cycle, rather than acknowledging the client's experience and opening the space to explore the interaction together. As Simon & Geib (1996) say at these times of heightened emotions it is better for the therapist to manage these processes internally, because "it is inappropriate to deliver the raw, primitive expression of our experience, our self-disclosure must be modulated" (p.332).

Furthermore the findings from this research show that some participants experienced their therapist's expression of their own affective state was unhelpful as it turned the attention away from the client and onto the therapist. Although there might be a place for this if managed sensitively and at the appropriate time, the findings from this research found this affective self-disclosure merely served to take away from the client's own experience, rather than validate or acknowledge it.

These findings are consistent with those of Safran and Muran (2003) who describe that therapists can become lost in their own emotional turmoil when faced with a client's angry confrontation towards them. This can lead to a collapse in their internal space as they lose sight of their own capacity for a reflective function, meaning they "behave in ways that are incompatible with his or her stance as an empathic listener and clarifier" (Strupp, 1989, p.719).

This is similar to what Benjamin (2004) terms "thirdness", which is a vantage point outside the dyad that is the mental space that facilitates being able to connect with the others mind whilst accepting being separate and different. At times of confrontational ruptures, it can be difficult to hold this co-constructed phenomenon, which keeps the relationship between two people from collapsing. This research reflects how this position of "thirdness" was missing

for some participants when they explicitly expressed their anger towards their therapist. Instead they were met with their therapist's self-disclosure which was experienced as retaliation or withdrawal and lacking empathy, recognition and acceptance of their own experience.

The ambiguity and dilemma surrounding therapist self-disclosure at times of conflict, as reflected in this research is highlighted by Yalom (2002). He uses the metaphor of the "Wizard of Oz" to describe the tension for the client between needing a therapist who is "omniscient, infinitely dependable and imperishable", whilst also needing humanness, thus oscillating between 'wizarding' and humanising the therapist.

7.3.3 Enabling dynamics

The research shows how there are several different aspects of enabling responses following the client's explicit expression of anger. These responses seemed to enable the intensity of the emotional experience to stabilise and so maintain connectedness and facilitate collaborative exploration. Although these aspects are described separately they are interrelated and impacted on by the process leading up to and during the explicit expression of anger.

Containment

This research demonstrates the significance for the therapist to be able to provide a holding space and containment for the client to explicitly express their anger. Some participants described how this provided the space for them to express their angry feelings and know that the therapist would be strong enough to take it without defending, retaliating or withdrawing. As Winnicott (1949) says, sometimes the most important thing the therapist can do for the client is to survive their anger or destructiveness.

An important finding in this research is that this containment does not mean that the therapist will not experience their own conflicting feelings, but that a significant part of the reparative process is for participants to see their anger has impacted on the therapist, but that the therapist is able to manage their own feelings. This management of the therapist's own feelings is alongside the

therapist simultaneously holding the therapeutic space to reflect upon and explore what is transpiring between them.

This is supported by findings that containment should not be equated with a type of passive inaction but rather "involves silent processing" (Gabbard, 1996) and aims to understand and clarify the client's experience as well as what is transpiring within the relationship between them. This can be challenging for therapists as it requires them to "demonstrate a consistent willingness to stick with the patient" in trying to understand what is going on between them, in the face of whatever angry or defensive feelings that may emerge (Safran & Muran, 2003, p.106).

This is beneficial in the therapeutic process as, through the therapist being transparent in their own internal struggle, the client can see that it is possible to have emotions that can be both experienced fully and contained (Magid, 2008). In this way the therapist demonstrates that they are not unaffected, but they provide a model of how anger can be processed without being catastrophic.

Timings

Closely connected to this is the importance of timing in both the explicit expression of anger and the responses to it.

Participants who were able to work through their explicit expression of anger most effectively, reported wanting to respond with hostility in the moment but managed to contain this anger and delay their response rather than react impulsively. This created space for them to reflect upon their emotions and experience and respond in a more constructive fashion, so they could "strike when the iron is cold" (Yalom, 2002).

Similarly, the findings show when participants experienced their therapist as not responding impulsively this was also more effective. These participants described how, rather than attacking, rejecting or withdrawing, they experienced their therapist as being able to survive their expression of anger and remain present in the process to open up the therapeutic space and

engage in collaborative exploration. This is consistent with the concept of reflection (Harburg, Blakelock & Roeper, 1979) which allows individuals to maintain their internal space in the face of difficult emotions, such as anger (Safran & Muran, 2003). Furthermore this is echoed by the findings of Spielberger et al (1985) in the Anger Expression Inventory (AEI), who talk about an additional category to anger-in and anger-out, that he terms “anger control”.

Affective attunement and empathic emersion

As this research illustrates anger can partly be seen as a call for connectedness that has been both longed for and absent to a certain degree in the therapeutic relationship. Therefore, when participants explicitly express their anger towards their therapist it can have a positive impact if their therapist is experienced as being present and staying connected to them even at these times of conflict. The findings from this research, highlight the significance for the therapist not to get caught up in their own strong feelings, but rather to remain receptive and empathic to understanding the client’s experience. If the therapist is able to do this, the client experiences their presence, even at times of expressing potentially divisive feelings, and this engenders a sense of security and trust, which can have a positive impact on relatedness. This is consonant with the existing literature and research which highlights the value of the therapist’s presence, attunement and resonance in creating essential trust within the therapeutic relationship (Siegel, 2010; Greenberg, 2014).

In this way the therapist is engaged in a very real relationship with the client that frees them both up to participate in working with their ongoing processes and mutual contributions to creating maladaptive enactments (Frank, 2002).

Reflective Dialogue

As reflected in the findings from this research, in addition to an affective response from the therapist, a significant part in the adaptive relational process is a reflective dialogue which enables an exploration of the co-created dynamic.

The findings suggest that an important part of this phenomena is that it provides validation of the client's own experience, which diminishes their sense of confusion. Consequentially this helps them have confidence in their own judgement and so reduces the feeling that they need to defend their own position and experience, to be understood.

This research reflects that, timing is fundamental in this process. If both the therapist and client are able to delay their response this can enable them to re-establish their internal space and engage in a reflective dialogue with openness and acceptance in an attempt to understand and work through this process together. In this way they can engage in a collaborative exploration to make sense of what has transpired between them. This process is akin to the capacity for mentalisation (Fonagy & Target, 1997) and "mindsight" (Siegel, 1999), and how it is the collaborative co-construction of narratives that is central to meaning making of the internal and external worlds in which we live (Siegel, 2001).

These findings echo the existing literature and research and the importance of metacommunication as a way to collaboratively explore and make sense of what is being enacted in the therapeutic relationship (Safran & Muran, 2000). Helpful practices in this are exploring what is transpiring in the relationship, facilitating the client to assert their perspective, empathise with and validate the clients experience and an in-depth exploration of what is happening (Safran, Muran & Eubanks-Carter, 2011).

Joint responsibility

The findings reveal a crucial aspect of a reflective dialogue is for the therapist to acknowledge their part and take joint responsibility for the conflict in the interactions leading up to and after the client's explicit expression of anger. If the therapist accepts no responsibility for their part in the interaction this can have a detrimental, and irreversible, impact on the therapeutic relationship.

If the therapist demonstrates an openness and acceptance of their own possible contribution, the drive for the client to be heard and defend their own position can lessen, thus creating space to better understand both their contributions to the therapeutic endeavour. This can enable a deeper level of relating, that can be different to other relationships outside of the therapy as the client receives the message that all aspects of their experience are welcome. This reflects Dalenberg's (2004) research which found that when faced with client anger, the most effective therapists' responses were taking at least partial responsibility for the angry exchanges and teaching clients that anger is possible within the context of a good relationship and need not mean either abandonment or imminent physical danger.

Another important finding was for the client to feel the therapist demonstrated some humility and this reiterates the value for the client to experience the therapist as another human being in the therapeutic endeavour. As such the therapist models the capacity to be open and non-defensive about their own mistakes and their impact, which not only validates the client's experience but also helps them to acknowledge their own mistakes. This is supported by Anchin (2002) who stresses the importance for the therapist to engage genuinely and fully with the client and to look at themselves to understand "what he or she may have brought to the table as food for the patient's psychodynamic and behavioural responses" (Anchin, 2002). This can enable a much deeper level of connection between the therapist and client.

This research shows when the therapist is more open to understanding their own contribution, rather than attending to the client's history and potential transference, participants reported feeling their experience is validated and

they are not being blamed. Furthermore, it is beneficial for the therapist to be open to hearing the client's perspective rather than feeling they know what is best. This is echoed by Gill (1994) who describes this as an intersubjective experience, where both the therapist and client attempt to understand and resolve the situation. This requires the therapist to demonstrate utmost respect for the client and a genuine interest in their experience where they are truly open to hearing what the client is expressing, rather than telling them what is in their mind. As this research demonstrates, this can reduce the client's frustrations and defensiveness, making it easier for them to verbalise their experience as they feel they are in the presence of a receptive audience, rather than with someone who might take things personally and respond defensively.

This is facilitative as when the therapist acknowledges their own contribution it decreases the experience that clients have of feeling blamed, persecuted or attacked. This means they have less of a need to protect themselves by attacking, which can break the vicious cycle and allow them to begin exploring their construal of the situation in a more differentiated way (Safran & Muran, 2003). Furthermore, if the therapist acknowledges their part of the dynamic, the blame does not reside with the client, meaning interactions with a therapist who thinks about their contribution to impasses can dissipate come of the intensity of the conflict. As DeYoung (2015) describes, if the therapist engages in the process "with calm, connecting curiosity, "wrong" loses its devastating knock-out punch" (p.121).

7.4 Outcomes

For most participants explicitly expressing their anger towards their therapist represented a very challenging time, and the after effects were evident in the lingering presence of emotions whilst talking about these experiences with me. The experiences of participants explicitly expressing their anger towards their therapist had mixed outcomes.

For some participants, the therapeutic relationship ended abruptly as a result of this. These encounters remained very much unresolved, as there was no complete cycle of affective repair within the relationship, with one participant seriously contemplating going back to try to work through these unresolved issues with their therapist. For others, the therapeutic relationship ended with more acceptance as, although the explicit expression of anger and its repair had satiated some of the client's unmet needs, it was too little too late or could not repair more fundamental differences between them to make the relationship work. For one participant the explicit expression of anger was worked through more effectively and this also highlighted the unmet needs in the other participants' experiences. These unmet needs were primarily the lack of human connection, the therapist not acknowledging their own contribution and the absence of a reflective dialogue. For many participants these unmet needs were apparent throughout the therapeutic relationship, and amplified during and after the expression of anger.

As the findings show, during the explicit expression of anger, it was hard for therapist and client to stay connected with each other, as typically angry, self-assertive feelings are inherently separating in nature. The therapist and client could get caught up in divisive battling or withdrawing dynamics. These dynamics presented little space for affective attunement and reflective dialogue, shaped by a rigid and detached stance, lack of humility, distancing interpretations and uncontained emotional or personal responses. However if the therapist and client were able to remain emotionally connected to one another and contain the process and engage in a reflective dialogue about what

was happening this was beneficial and facilitated them to work through the anger event, to some extent.

Even though the expression of anger represented a particularly challenging time for the participants within the therapeutic relationship, most participants described the actual expression of anger itself as having a positive impact. As Mark Twain once said, "anger is an acid that can do more harm to the vessel in which it is stored than to anything on which it is poured."

Therapy can be a safe, rare space to acknowledge and address strong angry feelings. So even though it may not have had the desired impact of changing the other, the actual process of expressing these feelings played an important role in helping participants develop a sense of themselves as responsible and creative agents who can influence own destiny.

8. CONTRIBUTIONS OF THIS RESEARCH

Being on the receiving end of client anger can be one of the most difficult situations to manage and can lead to premature termination of therapy (Binder and Strupp, 1997; Safran & Muran, 2000) and so further understanding the processes involved is essential. As this research elucidates enabling and disabling factors following the client's explicit expression of anger it is beneficial to psychological therapists and other practitioners in related fields to facilitate them in working through these occurrences. It is also valuable for supervisors, as better understanding this phenomenon could demystify some preconceptions about this complex emotion and better equip them to help their supervisees if they are faced with client anger. Furthermore, as being met with angry confrontation is particularly challenging for trainee therapists, this would be useful for them to understand and manage these difficult therapeutic situations.

Working with client anger is not typically incorporated into training programmes and so this research can be used in both in training programmes and also to assist qualified therapists to enhance their abilities to detect and work constructively with the explicit expression of a client's anger towards them. This is true and relevant across all therapeutic modalities, as Safran & Kraus (2014) say as "Alliance ruptures are trans-theoretical phenomena, their effective management is relevant and significant to clinicians of all orientations" (p.381). The findings in this research elucidate the processes involved leading up to and after the explicit expression of anger and what responses are enabling and disabling. It is not intended to be rigidly imposed, but rather can be introduced in training programmes and to qualified therapists to act as a guide to help clinicians recognise common patterns and strategies that may facilitate genuine and flexible intervention.

As mentioned previously, the current research on the client's experience of explicitly expressing anger towards their therapist is limited and so this research goes someway to filling this gap. This research adds to the current literature on ruptures, as it sheds some light on further understanding confrontation

ruptures, by specifically looking into these experiences. In addition this research also builds on the literature around anger, as it highlights the processes leading up to and after the explicit expression of anger, specifically within the therapy room.

This research is also important as it can enhance the literature on mutuality, from the client's perspective. This will go some way to filling the gaps in the current research and literature on anger confrontation which predominantly focuses on the therapist's view. As I am coming to the end of this research I wondered if this gap is partly due to our own defences as therapists into looking at our own processes and the part we may play in enactments. As Guntrip (1969) describes "Only when the therapist finds the person behind the patient's defences, and perhaps the patient finds the person behind the therapist's defences, does true psychotherapy happen" (p.352). Therefore hearing and understanding the client's experience of how they may perceive us as clinicians with openness and acceptance, even when this may go against how we might view ourselves, can lead to greater understanding of the processes involved and how to potentially work through them.

In my experience, this research has had a positive impact on my clinical practice and it is my hope that it will have similar implications for the profession in general. Anger can still be a taboo, hence it being described as the "forgotten emotion" (DiGiuseppe, Tafrate and Eckhardt, 1994, p.3). Conducting this research has helped to shed some light on anger in the therapy room and normalise it as an in-session experience. Therapy is about allowing clients to experience, understand and express their emotions and anger is no exception. I know in my initial experiences, being on the receiving end of the client's explicit expression of anger felt like attack on my professional competency, and I don't think I'm alone in feeling like this, as many therapists struggle in their response to client anger which can lead to negative interactional cycles (Butler and Strupp, 1991; Pope and Tabachnick, 1994). Since conducting this research, and hearing the client's experiences, I have started to see the explicit expression of anger in the therapy room differently; with openness and curiosity, and that it is an inevitable part of interactions. Rather than try to avoid

or deny the possible feelings being on the receiving end of client anger may rouse in me, hearing the client's voice has enabled me to be more aware of my feelings and reactions and consider how these might impact on and be experienced by the client. As such, I am able to stand back and explore these interactions in a more helpful way and, rather than see anger as something to be avoided, I can now see it as a form of communication that needs attending to and as an opportunity for change and growth.

9. LIMITATIONS AND FUTURE RESEARCH

In this study participants were clients who were trainee psychotherapists. Whilst this was beneficial in that they may have been more reflective in understanding their experiences and learning, it could also have potential limitations that may have impacted the findings. In particular, I question whether participant's knowledge of the therapeutic process and experience as a therapist may have impacted on the findings as they may have had higher expectations of their therapist and, as the therapy was a course requirement, they may have been less emotionally invested in the relationship, more frustrated if the therapy did not meet their expectations and more willing to take the risk of explicitly expressing their anger. I also wondered whether a therapist might work differently with clients who are trainee therapists, consciously or unconsciously, and be more challenging or confrontational with this client group and whether this might have impacted on the processes involved. As such I would be interested in future research to see whether the findings would be similar with 'naïve' clients. Furthermore, as I was a researcher and also a counselling psychologist in training, I was interested in my position as an insider-outsider and if this commonality with the participants might have impacted on how openly participants spoke about their experiences, particularly around their portrayal of the attribution of blame and admissions about their own part in the interactive processes.

In addition I was curious about the potential impact of selecting participants who were fee paying and seeing their therapist in private practice, as opposed to clients who were seeing therapists in the NHS or in the charity sector. In particular I wondered whether the experience of explicitly expressing anger might be different for fee paying clients who have a sense of agency in choosing their therapist, as well as when therapy is terminated, as opposed to clients who are seeing therapists on the NHS or in the charity sector where there are waiting lists and where they have been allocated a particular therapist for a specific amount of time with minimal or no monetary exchange. This could present a possible direction for future research to further understand the

possible impact of this on the explicit expression of anger within the therapy room.

As the experience of explicitly expressing anger is interactional and anger can "only assume meaning in terms of the social contract between participants" (Tarvis, 1989) I was very aware that this research only captured one side of these interactions. Throughout the research I was aware of the missing part of the puzzle – the therapist's experience – and I often found myself wondering how the therapist might have interpreted and perceived the interactions that were being discussed. Future research that could capture both the therapist's and the client's experience of the same anger event could potentially fill these missing gaps to further enhance understanding of the processes involved and gain a sense of the interactions within the relational matrix.

Another area for further research could be in recruiting more participants who stayed with their therapist after the anger event and felt their therapeutic relationship had improved as a result of this, as this research only produced one participant who had experience of this. The reason for this could have been due to the stipulation in the recruitment criteria that participants had to no longer be with the therapist towards whom they expressed anger. This outlying participant provided invaluable data, and gave a different perspective and lens through which to see the other participants' experiences, and so it would have been interesting to hear other experiences of working through the explicit expression of anger.

As anger can be an evolving and open-ended emotion, and the interpretation of it can change in retrospect, I feel another limitation of this research is that it was a "one-shot" interviewing approach (Creswell, 1997). This single interview approach enabled the participant's view to be captured at one point in time but, as the participant's view of the past may change at any given time, conducting multiple interviews would have enabled these changes to be captured (Holstein & Gubrium, 2004). Additionally conducting multiple interviews would have fostered increased trust between interviewer and participant which might have facilitated more open exploration as well as providing the opportunity to delve

deeper and clarify any omissions that may have arisen. Theoretical sampling and constantly revisiting interviews did enable me to immerse myself in the data and fill any gaps as themes that started to emerge were developed in subsequent interviews. However, in hindsight revisiting participants at a later date to engage in the research process and, for example check transcripts and discuss emerging categories, might have added another layer to the analysis and enhanced the co-construction of meaning.

10. REFLECTIONS

10.1 Reflections on my research: A messy process

In writing this concluding chapter, I am taken back to my hopes at the start of this research and how, in my naivety, I imagined conducting this research would provide a somewhat prescriptive method as to how anger might be effectively resolved within the therapeutic relationship. However whilst this research has elucidated some of the processes involved in the accumulation of anger and those that can be facilitative or detrimental after its expression, I still am left with my own unresolved and ambiguous feelings around anger. Conducting this research has shown me is I am not alone in this. As Tavris (1989) indicates when highlighting the complexity around anger, “anger is not a disease, with a single cause; it is a process, a transaction, a way of communicating” (p.19). As such there is no prescription for resolving anger, as there are ”different angers, involving different processes and having different consequences” (Tavris, 1989, p.19).

This complexity is reflected in my research where I was aware of the many nuances involved around the client’s explicit expression of anger, as I attempted to build a theory to understand the processes of the phenomenon as grounded in my participants’ accounts.

In writing many parts of my research I felt overwhelmed with where to start and how to condense my data and the existing research and literature into a coherent and manageable theory. Again, reflecting on the initial stages of my research I am reminded of how, when choosing my research methodology, it was something of a relief that grounded theory fitted so well with my research question, as it provided me with a sense of containment on what I sensed could be quite an overwhelming research topic and question. I relished the idea of following a set of flexible guidelines which I naively hoped would set me on a linear pathway to finding a clear theory grounded in participants’ experiences. However as became apparent relatively early on in my research process, “writers use a linear logic to organize their analyses and to make experience

understandable. Yet experience is neither necessarily linear, nor always conveniently demarcated with clear boundaries" (Charmaz, 2006, p.173). So, whilst diagrams and sub headings have enabled me to further understand and conceptualise the client's experience of explicitly expressing their anger towards their therapist, I am aware of the tension between how this has enabled me to grasp and understand these experiences, but how it also oversimplifies the complexity of these experiences and the nuances between them.

Right from the initial interviews, and then throughout my analysis, I could see the client's experience of explicitly expressing their anger towards their therapist did not follow a clear linear path. Their experiences encompassed complex dynamics, going back and forth, involving a myriad of feelings, that it was difficult, at times, to comprehend. Through my own reflective memos I noticed the parallel process of my own experience, as a researcher, and my participants' experiences of anger as I battled with codes and categories, experienced a build up of various emotions, and oscillated between feeling overwhelmed and confused, engaging with the data or wanting to walk away and give up all together. However, at these times when I felt close to breaking point, something shifted in my relationship with my research that would move things along in one way or another.

This awareness of my own experience has been an integral part of my research process, both in terms of shaping my further interviews and analysis to truly understand the complexities and nuances of the client's experience of explicitly expressing anger towards their therapist. This has entailed a constant revisiting of transcripts, audio recordings, codes, and categories, and memo writing to keep bringing me back to my participants' accounts to stay as true to their experiences as possible, whilst also trying to find some commonalities to make sense of these complex processes and develop categories and the relationships between them.

I am also aware as I look back at my journey as a researcher and on my relationship with this research process, I am struck by several parallel processes with my chosen methodology and the topic being studied.

Everyone proclaims to 'know' what constitutes grounded theory but as it has been fraught by multiple meanings and competing versions since its inception do we all share the same definitions and basic assumptions? Similarly I feel the same can be said about anger. Everyone 'knows' what anger is but it is such a subjective experience with no universal definition, meaning different things to different people in different situations. Similar to how constructivist grounded theory has enabled me to adopt different tools and strategies within my research, without endorsing a prescribed theory of knowledge, it is hoped that the findings from this research will enable counselling psychologists and psychotherapists alike to better understand the more positive processes involved in working through the explicit expression of anger, without necessarily providing a definitive guide.

In addition both constructivist grounded theory and anger are interactive and interpretative, as "we make sense of our situations, appraise what occurs in them, and draw on language and culture to create meanings and frame actions" (Charmaz, 2014), p.179). They are both fluid, evolving and open-ended processes, with different aspects emerging and then settling down, in a cyclical fashion. The participants' experiences of anger did not take a clear, linear path, just as my research path has been meandering and multifaceted.

For most participants, even after the therapeutic relationship ended, their experience felt unfinished, and the same can be said about my experience of this research process. Even though I am nearing the end of this journey, it does not feel like I have reached my destination, but more like I have stopped off before embarking on another leg, as ideas for possible future research have been stimulated.

10.2 Reflections on my personal and professional development

Throughout this research process I feel I have been impacted both professionally and personally. It has really led me to challenge my assumptions and recognise my growing edges for development.

At times I really struggled with the research process and reflected on this and how it conflicted with my wish to have things all fitting together precisely, tied up in neat boxes, with clear and definitive resolutions. I found it very hard to sit with the ambiguity that the research process brought and also how this parallels with my challenge around expressing anger, as it cannot be tied up neatly and may impact on us all differently and not always be easily resolved. Sitting with this ambiguity has helped me professionally and personally, to sit with uncertainty and not always try to fix things.

This reminds me of Winnicott's (1965) optimal balance between support and frustration, and how it is not always beneficial or possible to make everything tolerable. There will be times of tensions, anger, frustrations and it is not to avoid these, but rather to try and work through these together, with an openness, understanding and acceptance of difference, even though it may be challenging to do so.

In addition I became more aware of my own process to shrink away from confrontation. I began to realise that part of my motivation to conduct this research was to further understand and hear from others their experiences of explicitly expressing anger, something I have shied away from. Whilst previously I had felt this withdrawal could be helpful, conducting this research has enabled me to see how this can be equally damaging, as at these times connection is what is needed, both with the other and with my own internal processes.

Related to this I was mindful of how this tendency to shrink away from confrontation, inhibited me for a while in this research in making a stand and embracing my own authority. I noticed this in my reluctance to take the step

from describing participants' experiences to making my own abstractions and interpretations about the data; how for a while I shied away from locating myself in this research to develop conceptualisations and theoretical understandings grounded in participants experiences. However this was an integral and necessary part of the research process, as it is the balance between portraying the lived experiences of participants, with the acknowledgement of my own interpretations and of myself as author of this research, even though this may be different to others.

We are in a constant process of learning and I sense this with my clients and also now with my research participants. Carrying out this research has led me to challenge my own assumptions as well as participants guiding me in new directions to further my own understanding and development of some conceptualisations of the processes at play as well as pointing to new possibilities for future research.

So even as I end this piece of research, which has been a huge part of my life for so long, it does not necessarily feel like an ending as it has sparked other related areas of interest and how they could be looked at differently. I feel this research can really have an impact in going some way to filling the void of research in this area and more specifically in helping the clinical practice of counselling psychologists and psychotherapists, as this experience has already impacted on my work and my own reflections with my clients.

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12. APPENDICES

Appendix I – Exert from my research Journal

Interview 1 – Jan 2014

Clarify points whilst there. Still feelings around it – interview felt important for participant too.

Positive aspects of anger – vitality and life force. Continue to challenge my own biases.

Something about it feeling like a lovers tiff. Very intimate relationship.

Aware of confidentiality – to protect therapist as well as participant.

My feelings of feeling sorry for therapist – one sided. Maybe picking up on her saying she's not an easy client?

Wonder what therapist would say about interaction?

She feels protective of therapist. Not wanting his identity to be uncovered - would his side be different??

Not making sense of it – unsettling and confusion – no co-constructed cohesive narrative?

Interview 2 – Feb 2014

Again anger healthy. Different to my view. Wonder if this is though also biasing sample – as people who see it as healthy more readily express it.

Abusive – vindictive. Punishing. Damaging aspects of therapy

See complications in sequential process Caught up in what led to it, took up quite a lot of interview – need to focus more on process of expression.

Bit muddled – as process was with therapist. Interesting in what led to it, but not focus. But not always so clear – cyclical and back and forth. Need different codes for before, after, what would need? But wonder if they can be separated out so easily as interweaving throughout the interview.

Some parallel process – in clarifying questions. I was on receiving end of anger "that's not a very hearing question". Same thing going on. Feeling unheard. Finding it hard in interviews to get balance to be able to clarify and go over points but also then they might feel unheard.

Again very much aware of missing side of therapist – next piece of research??!
Difficulty in interviewing because talk about other stuff e.g. going through a horrendous time. Vulnerability?? Notice my own tendency to understand more about it and how might be contributing to therapy but also need to keep it focused on question. So some aspects that may be impacting on therapy are left out of research.

Not to impose my own feelings – can be hard to do, but aware need to ask short questions and quite open.
Quite surprised all ended badly and quite abruptly. Maybe just those who came forward??
Aware of the questions I ask. **Hard to stay with process of anger** - something about that in me??_Spent a long time on build up – how got to that. Important but not take away from actual expression
Be more focused on expression and process then, but things leading up to it are relevant and also participant wants to talk about it. Respectful of their stories. **Context.**

Interview 3 – Feb 2014
Things come to a head as ending?
Wish to hear therapist view – what would they say?
Blanking out in middle, still very raw emotions. Needed to check she was ok to talk about it. Go slowly and check it out
Reading notes before interview, trying to make sense of it - confused. Trying to make sense of what happened.
Build up, expressed, smoothed over, came out again, expressed, resolved, then trigger. Very much going back and forth. Seems like a sequence but also not a sequence.

In sessions interpretation, makes sense and feels ok to smooth it over, but then emotions again kick in. Easier when away from therapist. Round in circles, hard to pinpoint

Hard to keep handle on it – keeps on disappearing, like her experience, come and go
In heightened state, maybe feel being attacked, rather than therapist is hurt. Interesting some want to see response in therapist but then when therapist gives it – not want to know. Hard to get balance. Find myself feeling for difficult task of therapist.
Talking about it lots, still processing – unresolved.
Not ending

Something about pace – pushing too hard, too much too soon. Not respecting clients pace. Awareness of this in research interviews – wanting to hear about their experience, and need to allow space for them to tell their story as it unfolds.

Appendix II – Recruitment Advert

REQUEST FOR RESEARCH PARTICIPANTS

ANGER IN THE THERAPY ROOM

Have you ever expressed your anger towards your therapist?

As part of my Doctorate in Integrative Counselling Psychology and Psychotherapy (a joint programme with Metanoia Institute and Middlesex University) I am researching the expression of anger in the therapy room. In particular I am interested in understanding the client's experience of explicitly expressing their anger towards their therapist in response to something their therapist had done.

So are you:

- A female integrative/humanistic/relational trainee psychotherapist?
- Have you experienced feeling angry towards your therapist in response to something they had done?
- Have you explicitly expressed (i.e. verbalised) your anger towards your integrative/humanistic/relational therapist?
- Had you been working with your therapist for at least 8 sessions before expressing your anger towards them?
- Are you no longer in therapy with this therapist?

If you answered "yes" to all these questions and think you would be happy to be interviewed confidentially about your experiences of explicitly expressing your anger towards your therapist **from a client perspective**, please contact me for more information or to volunteer on:

mandywalterscounselling@gmail.com or 07714669823

Your participation would involve a single face-to-face 90 minute confidential interview with me, which would take place at a convenient time and place for you. The interview will be audio recorded.

Your participation would be greatly appreciated.

Appendix III – Recruitment Criteria Check

Recruitment Criteria Check

- Are a female trainee therapist on an integrative/relational/humanistic course and expressed anger to an integrative/relational/humanistic psychotherapist.
- Felt anger towards your therapist in response to something they had done. This anger would score 5 or above on a 10 point scale where 0 is not at all angry and 10 is extremely angry.
- Explicitly expressed your anger (i.e. stated/verbalised) towards your therapist.
- Had been with your therapist for at least 8 sessions prior to the anger event. Are not currently in therapy with the same therapist that they experienced the anger event but are in therapy with a different therapist.

Appendix IV – Covering letter sent to potential participants after initial contact

Mandy Walters
Tel: 07714 669823
mandywalterscounselling@gmail.com

Date

Dear xxx,

Thank you for your interest in participating in my research project.

Following our telephone conversation earlier today, I have enclosed a participation information sheet for you to read, together with a pre-interview questionnaire and a consent form for you to fill in and bring along to the interview.

I will contact you again in a week to arrange a convenient time to meet for the interview, but in the meantime please feel free to contact me on 07714 669823 if you have any queries.

Many thanks for your time.

Best wishes

Mandy Walters

Appendix V – Participant Information Sheet

PARTICIPATION INFORMATION SHEET

Research Title:

The client's expression of anger towards the therapist: A grounded theory study

In this research I am interested in understanding the client's experience of explicitly expressing (i.e. verbalising) their anger towards their therapist in response to something their therapist has done.

Invitation:

You are being invited to take part in the research study, stated above. Before you decide to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. If you would like more information, or if anything is unclear, please do not hesitate to contact me. Take your time to decide whether or not you wish to take part. Thank you for reading this.

The purpose of the study

The aim of the study is to understand the client's experience of what happens when they explicitly express their anger towards their therapist. Anger is often present in therapy yet there is relatively little research around this area. There is even less research about when anger is directed towards the therapist and much of the research looks at the experience of the therapist, not the client. Therefore the purpose of this research is to understand the client's experience of what happens when they directly express (i.e. state/verbalise) their anger towards their therapist. This anger will be in response to something their therapist has done.

Participants:

If you respond to the advert and decide to participate, you will be selected if you:

- Are a female trainee therapist on an integrative/relational/humanistic course and seeing an integrative/relational/humanistic psychotherapist.
- Felt anger towards your therapist in response to something they had done. This anger would score 5 or above on a 10 point scale where 0 is not at all angry and 10 is extremely angry.
- Explicitly expressed your anger (i.e. stated/verbalised) towards your therapist.
- Had been with your therapist for at least 8 sessions prior to the anger event. Are not currently in therapy with the same therapist that they experienced the anger event but are in therapy with a different therapist.

Do I have to take part?

Taking part in this research is entirely voluntary. It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and asked to sign a consent form. If you do decide to take part you are still free to withdraw at any time and without giving a reason.

What will happen to me if I take part and what will I have to do?

If you agree to take part, we will arrange to meet at a convenient time and place for you to conduct a 90-minute interview. This interview will be audio recorded and use open-ended questions to understand your experience of explicitly expressing your anger towards your therapist. This may include understanding your beliefs about anger, your relationship with your therapist prior to the expression of anger and your experience of expressing your anger towards your therapist. It is important you are in therapy or have a support system should any difficult feelings arise from this interview. You are free to withdraw at any time and without giving a reason.

What are the possible disadvantages and risks of taking part?

There is no known risk or disadvantage in participating in this research.

What are the possible benefits of taking part?

There is no intended benefit to the participant from taking part in this research.

Will my taking part in this study be kept confidential?

All information that is collected about you during the course of the research will be kept strictly confidential. Any identifying information about you, such your name, address, training course, therapist, etc will be removed so you cannot be recognised from it.

All data will be stored, analysed and reported in compliance with the UK Data Protection legislation.

What will happen to the results of the research study?

This research will be published as part of my Doctorate in Integrative Counselling Psychology and Psychotherapy (a joint programme between Metanoia Institute and Middlesex University) and kept in the Metanoia and Middlesex University library. The report will not identify participants and will respect your anonymity.

Who has reviewed the study?

This research has been reviewed by the Metanoia Research Ethics Committee.

Contact for further information

Please feel free to contact me, Mandy Walters, for further information on:

mandywalterscounselling@gmail.com or 07714 669 823

My research supervisor, Dr Lucia Swanepoel can be contacted at lucia.swanepoel@metanoia.ac.uk

Metanoia Institute
13 North Common Road
Ealing W5 2QB
Tel: 020 8579 2505

Appendix VI – Pre-Interview Questionnaire

PRE-INTERVIEW RESEARCH QUESTIONNAIRE

Please can you fill this out and bring it with you when you come for the interview. If there is anything you are unclear about, leave it blank and we can talk about it at the interview. Many thanks.

1. Please can you tell me what psychological therapy training course you are on?

2. What year are you in your training?

3. Please can you give me brief details of how much personal therapy you have had?

4. Please can you give me brief details of your experience as a therapist (e.g. context, client hours)?

5. How would you describe your cultural/ethnic background?

6. What is your age?

_____

7. Please can you describe the therapist with whom you expressed you anger, e.g. their gender, age, cultural background, where you saw them?

Appendix VII – Consent Form

CONSENT FORM

Participation Identification Number:

Title of Project: What happens when a client explicitly expresses their anger towards their therapist? A grounded theory approach from the client's perspective.

Name of Researcher: Mandy Walters

Please initial

1. I confirm that I have read and understand the information sheet dated …… for the above study and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. If I choose to withdraw, I can decide what happens to any data I have provided.

3. I understand that my interview will be taped and subsequently transcribed.

4. I agree to take part in the above study.

5. I agree that this form that bears my name and signature may be seen by a designated auditor.

Name of participant	Date	Signature
Researcher	Date	Signature

1 copy for participant; 1 copy for researcher

Appendix VIII – Interview Schedule

Draft Interview Questions

N.B. This is solely for my own use when conducting interviews. These draft questions will be flexible. Each interview may not flow in the same order, and I will be led, to some extent, by each participant and interview. Also these questions may change after some interviews and analysis have been conducted. However it is hoped that each interview will elicit information about:

- **Attitudes towards anger.** What does anger mean to you? What is your relationship towards anger? What are your attitudes and beliefs around anger? Briefly how did your family of origin express anger? What are you experiences of expressions of anger?
- **Therapeutic relationship prior to anger expression.** Please describe your therapist to me? How long had you been with your therapist for prior to anger expression? Could you tell me a little bit about you relationship with your therapist prior to expressing anger? What was your overall feeling towards your therapist?
- **Expression of anger.** Can you take me through exactly what happened when you expressed anger? What had prompted you feeling angry? Were you consciously aware of feeling angry? Were you thinking about expressing anger? Was it spontaneous? How was it expressed? What was your purpose of expressing anger? What was your experience?
- **What happened after the expression?** Can you take me through what happened after you expressed your anger? How did you feel after expressing your anger (physically, emotionally, cognitively)? What was your therapist's response? What impact did their response have on you?
- **Awareness of the outcome of expressing anger?** Can you tell me overall how you felt about expressing your anger? How did you feel your therapist handled it? What could they have done differently? How was your relationship afterwards? Did anything change as a result of expressing your anger? Looking back on it how do you feel about expressing your anger? What do you think might have happened if you did not express your anger? What positive changes occurred through expressing your anger? What

negative changes occurred? After your experience what advice would you give to someone who was considering expressing their anger towards their therapist?

- **Feelings about the interview.** How has it felt talking about when you expressed your anger? Do you have any questions or other responses you would like to add about the interview?

Appendix IX – Example of Exert of Initial Coding

Initial Coding	
Saying doesn't sit with me – feeling unheard Going round in circles – both getting frustrated Main problem was interpretation about mum Interpretation didn't mean anything	I said well that doesn't sit well with me at all because it sounds like you haven't heard me. And we just went round in circles and she got frustrated and I got frustrated and I think the main problem was, at the end, at the end of the session, I can't remember how we ended up there but she said something like the theme being my mother, um, my therapist believed that that was a serious thing and everything came back to it. And sometimes it made sense, sometimes I just thought yeah I hear it but it doesn't mean anything, it's not my, embodied experience if you like.
	And so what was it like if she would bring lots of things back to that, like you said sometimes you felt it or it made sense and sometimes it didn't.
Changed more towards end Bringing it back to mum- not resonating with client	At the beginning of our work together, it was ok because it was a point that I had not really seriously considered I think that's when it was ok but towards the end it all became inducted, so that's when she brought it back to your mum, you know my reaction, internal reaction, sometimes external reaction would be (sighs) yes I know, we said this probably more than 1000 times but its not, it doesn't say anything to me.
	So you would be frustrated?
Express not have a sense of it – therapist would say as unconscious Can't go anywhere - stuck Wanting to end it as that Therapist making decisions Therapist not telling her why	Yes. I mean for example I would say yes maybe so but right now I don't have a sense, and she would say well you probably wouldn't have a sense because it would be unconscious, or something like that and me thinking ok, we can't go anywhere. And that's the reason why I wanted to end it to begin with so that was very much, um, an element, a primary element of this process. Yeah, so knowing that at the end, she said, so I said this relationship doesn't feel as I understand it. Right now it feels more like you're

Therapist not listening Therapist – just expecting her to do as she says Felt manipulated by therapist Bring mum in to say why shrinking away from it - interpretation Got teary with anger Left (end of session)	making decisions, you're not telling me the reasons why, you're not listening to me and I'm here and you expect me to take on what you say, just ok doctor, then I have to do it! And she said something like, um, if you like you can see me as a, in this case, as an authoritarian figure, if you like a motherly figure, and for that moment I thought this is just pure manipulation. You have been talking about my mum non-stop and now you bring this in to try and show me why I'm shrinking away from it and bringing my mother into it. And then I got teary, with anger at that point, I said this isn't right, and I left. It was the end of our session anyway.
	When you left then and got teary with anger, what was that experience like for you?
Disappointing Alone Betrayed	It was, I mean it was excruciatingly disappointing. I felt really disappointed and left alone – betrayed. I felt betrayed very much.
	You felt betrayed.
Betrayed Unfair Used sensitive materials against her	Betrayed. Um, and I didn't think it was fair, the way I was treated. Um , the way those sensitive materials were used, in a sense, against me to make a point to argue. It didn't feel right at all.
	And that's how it felt that she'd used sensitive material, that she knew through working with you, and it was used against you?
Painful Couldn't wait to go back	Yes. Yes that was very, very painful. I couldn't wait to go to another session the following week.
	And do you remember how you felt in the week in between?
Talked about it Talk to others	Yes, I had to talk about it non-stop. I shared it with my partner, I shared it with a few of my friends, trying to make

Try to make sense of it - confusing Felt unsettled Determined to go back and make it right	sense of it. I was so deeply confused about it and I felt unsettled but I very much became very quickly became determined to go back and make it right.
	And what was that process like talking about it with your partner or friends, trying to make sense of what happened.
Agitated Shouting Very angry Bodily sensations Others shared anger Anger grew Preoccupied with it	I was sort of, it was very agitated, this happened and that happened and blah, blah, blah, blah! And sort of shouting and I can't believe this! I was very angry. I was very angry, very overtly angry. My friends were angry as well, and people who knew about therapy. They sort of shared the anger so it sort of grew. Um, I remember my muscles at times were trembling and weak, and um, very preoccupied, it was the main …
	Preoccupied, and it had understandably a significant impact on you. And then how did you feel about going back to see her for the next session?
Wanting to hurt therapist In head wanting to hurt her Very angry Angry thoughts When went in it was different Half felt bad – conflicting feelings	I felt like I, I know it's going to sound violent but my sense was that I just wanted to hurt her. Just wanted to sort of hurt her physically, that was my feeling. Like in my head, this figure, I just wanted to sort of a, a, a, a, a! So I was very angry. My thoughts being ah I'm going to see her stupid face, and thoughts sort of like that, random words to, that's how I mentally process my anger I guess but when I went in it was a different thing. I felt half badly about it, um.
	You felt half badly about it?
Difficult to stay angry, as familiar	Hmmm, I, because the face was so familiar that it was difficult to stay angry unless she said something to make me angry.

	So you felt really angry and even wanted to hurt her and then when you went in and saw her, kind of, your anger – did it diffuse a bit?
Felt bad being angry Not on purpose but not right	I felt badly about it. I, that moment I thought she didn't do it on purpose but she's not doing it right and I felt badly. Yeah.
	So then what happened in that session.
Telling her what to do "we became angry"	Well she , she insisted that we should do xx and I said well why are you telling me that and "we" became, we got angry again.
	So did you express …
Express frustration Not a conversation Not hearing me Making interpretations Difference of opinion Listening but it made no difference	… yes I said you know this is really frustrating for me to hear. This is not a conversation. We're not coming to that conclusion together. You don't seem to hear what I'm saying at all. You're treating me as though I want to leave immediately and you want to connect that to my mother. But I don't want to leave immediately, I want to give it, I wanted to give this time but not necessarily *your* time. Um., and she sort of listened to me. What I thought was in an absent way. I mean she was present, She was hearing it all but it didn't matter and so she sort of, yeah, she still wanted xxx. So I said, no.
	So she wasn't really hearing you then?
Therapist didn't care about her opinion	Maybe she was hearing me she just didn't care. She just thought that we needed xx
	Ok
Making it impersonal (cold)	Yeah, so I said no and she said alright, well obviously she's not going to make me. She had said that as well, I'm not going to make you but my.. professional understanding, or something like that, kind of making it very impersonal, is this.
	It felt very impersonal then?

Impersonal Distant – different from expectations Importance of meeting Had instances of meeting Bad towards end – wonder if there all along Distance Not being right Alien – overwhelming Hurtful for her Ending on disagreement – different agreement	Yes, very impersonal. Especially since if, if our, I don't want to say contract, but you get a sense of the sort of relationship you're committing yourself to and when we started if I'd have known that this is the sort of relationship she's going to sort of, even though she doesn't have a pad, in her head she'd be making notes and kind of creating a nice narrative, then obviously this wouldn't have been such a surprise, but my understanding and expectation was different. I wanted to meet her and I wanted to be met – that was the whole point. And we had instances of that so considering that, towards the ending these kind of emerging, and me of course thinking so this has been there all along and I didn't know it, so it's almost like a half alien, because there was that sense of distance and something not being right, but something alien in our relationship that sort of became overwhelming. Um, so it was hurtful for me that I had to say no, I'm not doing xxx so you do whatever you like.
	And so I wonder if you're aware of what you would've wanted from her?
Wanted her to hear Wanting to explore or understand her experience Want understanding Wanting therapist to take responsibility Therapist took no responsibility Needed therapist to bring herself in more Needed t to explore her feelings	Yeah, I would've wanted her to sort of hear and explore why I didn't want xxx. Really understand and take responsibility for the fact that she did not do a good job telling me about her ending process or the contract, um, which I do not remember. Um, I, she, she did not, I mean even after ending, she had not taken responsibility for not telling me that we needed to work towards a date or anything like that so I needed her to bring herself in more at that point and just say well I felt after leaving the last session I felt that I said something that may have been hurtful, or um, seemed to hurt you and I was struck by that, da, dah, dah. You know something more human. Um, I expected that from her.

Needed t to acknowledge her hurt Needed humanness Expected that	

Appendix X – Exert of focused codes

I said well that doesn't sit well with me at all because it sounds like you haven't heard me. And we just went round in circles and she got frustrated and I got frustrated and I think the main problem was, at the end, at the end of the session, I can't remember how we ended up there but she said something like the theme being my mother, my therapist believed that that was a serious thing and everything came back to it. And sometimes it made sense, sometimes I just thought yeah I hear it but it doesn't mean anything, it's not my, embodied experience if you like.	Transference interpretation
And so what was it like if she would bring lots of things back to that, like you said sometimes you felt it or it made sense and sometimes it didn't.	
At the beginning of our work together, it was ok because it was a point that I had not really seriously considered I think that's when it was ok but towards the end it all became inducted, so that's when she brought it back to your mum, you know my reaction, internal reaction, sometimes external reaction would be (sighs) yes I know, we said this probably more than 1000 times but its not, it doesn't say anything to me.	Initially transference interpretation helpful Transference interpretation not helpful
So it felt like she was interpreting and you would be frustrated with her interpretations?	
Yes. I mean for example I would say yes maybe so but right now I don't have a sense, and she would say well you probably wouldn't have a sense because it would be unconscious, or something like that and me thinking ok, we can't go anywhere. And that's the reason why I wanted to end it to begin with so that was very much, um, an element, a primary element of this process. Yeah, so knowing that at the end, she said, so I said this relationship doesn't feel as I understand it. Right now it feels more like you're making decisions, you're not telling me	Therapist saying they're right **Feeling stuck** Therapist making decisions

the reasons why, you're not listening to me and I'm here and you expect me to take on what you say, just ok if you say 3 months doctor, then I have to do it! And she said something like, um, if you like you can see me as a, in this case, as an authoritarian figure, if you like a motherly figure, and for that moment I thought this is just pure manipulation. You have been talking about my mum non-stop and now you bring this in to try and show me why I'm shrinking away from it and bringing my mother into it. And then I got teary, with anger at that point, I said this isn't right, and I left. It was the end of our session anyway.	Therapist blaming on transference interpretation Feeling manipulated Teary with anger Got up and left
When you left then and got teary with anger, what was that experience like for you?	
It was, I mean it was excruciatingly disappointing. I felt really disappointed and left alone – betrayed. I felt betrayed very much.	Disappointing Feeling betrayed
You felt betrayed.	
Betrayed. Um, and I didn't think it was fair, the way I was treated. Um , the way those sensitive materials were used, in a sense, against me to make a point to argue. It didn't feel right at all.	Feeling betrayed Feeling abusive
And that's how it felt that she'd used sensitive material, that she knew through working with you, and it was used against you?	
Yes. Yes that was very, very painful. I couldn't wait to go to another session the following week.	Feeling hurt Wanting to go back
And do you remember how you felt in the week in between?	
Yes, I had to talk about it non-stop. I shared it with my partner, I shared it with a few of my friends, trying to make sense of it. I was so deeply confused about it and I felt unsettled but I very much became very quickly became determined to go back and make it right.	Talking to others Trying to make sense Wanting to go back To make it right
And what was that process like talking about it with your partner or friends, trying to make sense of what happened.	

I was sort of, it was very agitated, this happened and that happened and blah, blah, blah, blah! And sort of shouting and I can't believe this! I was very angry. I was very angry, very overtly angry. My friends were angry as well, and people who knew about therapy. They sort of shared the anger so it sort of grew. Um, I remember my muscles at times were trembling and weak, and um, very preoccupied, it was the main …	Talking to others increased anger
Preoccupied, and it had understandably a significant impact on you. And then how did you feel about going back to see her for the next session?	
I felt like I, I know it's going to sound violent but my sense was that I just wanted to hurt her. Just wanted to sort of hurt her physically, that was my feeling. Like in my head, this figure, I just wanted to sort of a, a, a, a, a! So I was very angry. My thoughts being ah I'm going to see her stupid face, and thoughts sort of like that, random words to, that's how I mentally process my anger I guess but when I went in it was a different thing. I felt half badly about it, um.	Wanting to hurt therapist Very angry In head between sessions Different when in with her
You felt half badly about it?	
Hmmm, I, because the face was so familiar that it was difficult to stay angry unless she said something to make me angry.	Hard to stay angry in session
So you felt really angry and even wanted to hurt her and then when you went in and saw her, kind of, your anger – did it diffuse a bit?	
I felt badly about it. I, that moment I thought she didn't do it on purpose but she's not doing it right and I felt badly. Yeah.	Hard to stay angry in session
So then what happened in that session.	
Well she , she insisted that we should do xx and I said well why are you telling me that and "we" became, we got angry again.	Angry as told what to do
So did you express …	
… yes I said you know this is really frustrating for me to hear. This is not a conversation. We're not coming to that conclusion	Frustrating

together. You don't seem to hear what I'm saying at all. You're treating me as though I want to leave immediately and you want to connect that to my mother. But I don't want to leave immediately, I want to give it, I wanted to give this time but not necessarily *your* time. Um., and she sort of listened to me. What I thought was in an absent way. I mean she was present, She was hearing it all but it didn't matter and so she sort of, yeah, she still wanted xxx. So I said, no.	Therapist insist they're right Therapist not hearing Battling
So she wasn't really hearing you then?	
Maybe she was hearing me she just didn't care. She just thought that we needed xx.	Therapist insist right
Ok	
Yeah, so I said no and she said alright, well obviously she's not going to make me. She had said that as well, I'm not going to make you but my.. professional understanding, or something like that, kind of making it very impersonal, is this.	Battling A - misattunement
It felt very impersonal then?	
Yes, very impersonal. Especially since if, if our, I don't want to say contract, but you get a sense of the sort of relationship you're committing yourself to and when we started if I'd have known that this is the sort of relationship she's going to sort of, even though she doesn't have a pad, in her head she'd be making notes and kind of creating a nice narrative, then obviously this wouldn't have been such a surprise, but my understanding and expectation was different. I wanted to meet her and I wanted to be met – that was the whole point. And we had instances of that so considering that, towards the ending these kind of emerging, and me of course thinking so this has been there all along and I didn't know it, so it's almost like a half alien, because there was that sense of distance and something not being right, but something alien in our relationship that sort of became overwhelming. Um, so it was hurtful for me that I had to say no, I'm not doing xx so you do whatever you like.	A – misattunement **A - Distance** Hurtful Battling

And so I wonder if you're aware of what you would've wanted from her?	
Yeah, I would've wanted her to sort of hear and explore why I didn't want xxx. Really understand and take responsibility for the fact that she did not do a good job telling me about her ending process or the contract, um, which I do not remember. Um, I, she, she did not, I mean even after ending, she had not taken responsibility for not telling me that we needed to work towards a date or anything like that so I needed her to bring herself in more at that point and just say well I felt after leaving the last session I felt that I said something that may have been hurtful, or um, seemed to hurt you and I was struck by that, da, dah, dah. You know something more human. Um, I expected that from her.	N- her to hear N – take responsibility N – human contact

Appendix XI – Examples of Focused Codes

Focused Code (28) - Feeling Attacked	Participant
What he said stuck as had some doubts as trainee (578)	P1
Criticising her training (327)	P1
I wouldn't be able to be, you know, a good counsellor because I didn't understand the therapeutic relationship (571)	P1
the other thing that was, that she said that really undermined me momentarily (264), it was really undermining (276)	P2
Criticising her training (266), had scathing contempt for my training (359)	P2
So then a persistent feeling of no matter what I say it's not enough for her. So I can never hit the mark that she wants me to hit (610)	P3
I suppose that was the feeling that I felt persecuted by the therapist that no matter what I did it wasn't really getting there, so that's interesting. (618)	P3
No matter what I do I can't seem to get it right (628), no matter what I say it doesn't seem to be the thing that you want (631)	P3
I almost felt persecuted at times (117)	P3
I felt persecuted by the therapist that no matter what I did it wasn't really getting there (617)	P3
I interpreted them as criticisms (123)	P3
I know you don't mean to say that as a criticism. I know you're saying that as something you hope I can learn from, but I feel that as a criticism (462)	P3
I know you're going to tell me that it's not meant as a criticism but I'm hearing it as a criticism and it's really painful (496)	P3
I know you don't feel it as a criticism but I feel it as a criticism (509)	P3
Feeling she had criticised me (563)	P3

So feeling all of that and then also feeling that she had wiped away all my effort and everything. I'm not sure if this is my projection but in the moment I felt like that was, she just completely wiped away all of the effort of everything I had just put in. (523)	P3
I was trying to say something. I was expressing actually how cross I was feeling about it and, um, her reaction was, it felt almost judgemental, that it was so, it wasn't so much what she said it was how she said it. (197)	P5
There was a judgemental thing (208)	P5
And she rolled her eyes and sighed (tuts) and stuff like that and when I saw that I just thought you are my therapist! (393)	P6
I was even more upset and I was even angrier because I did think that she underestimated my capacity to reflect about what was going on and I did think that she … if she had thought for a minute that I was also professional, that I also understood what was going on, I was also able to understand I just thought that she underestimated me and um, devalued my skills as a therapist and my ability to understand (285)	P7
And that she was treating me … she was not thinking that I was stupid, because that's how I felt. I felt as if, the way she tried to put things, as if I was stupid, I didn't know what was going on. I wasn't able to reflect, I didn't you know, and come on. (487)	P7
she was so judgemental (63)	P9
she wasn't accepting, she wasn't taking me at where I am, even if I was cutting myself or anything, take the client where they are and don't try and say you're not ok. So I felt incredibly judged. (68)	P9
She was judging me. (74)	P9

you want to be accepted with all your ugly, bad, shameful, rotten bits and seen for your good bits and, accepted and, there was none of that. (81)	P9
she often said well so you're like this, or and she didn't offer it as maybe this is going on for you, it's like you're like this (90)	P9
I thought that was judgemental about her, for sure (99)	P9
being judgemental. So maybe it could damage someone. I was robust enough to, I mean when you're so judged for what you do, I suppose I could've taken it to reinforce my sense of not being ok, but I didn't. (510)	P9

Focused Code (36) – Bubbling in the Background	**Participant**
Therapist pushing her buttons (67)	P1
Hiccups along the way (61)	P1
Things getting under her skin (57)	P2
A dynamic always there in the background (72), bubbling in the background (91, 129, 475), frustration was always in the background (744)	P3
So even from the start I had to adapt to her so she wasn't adapting to me or what my needs were (800)	P4
So I think she thought her learning was done and I think that's probably why there were so many problems in our relationship (334)	P4
No it was like this is how I work. If you don't like it you can go. And that's really what it was and she said something like was rejecting me again quite early on and I later raised it with her and said I find it damaging when you reject me. (807)	P4
, with the other factors of having to do it, having to pay all this money, (94)	P5

there was *such* a distance and this happened right throughout the relationship (165)	P5
I think I was angry with her on and off and she was interested in that throughout. Seeing that anger was a topic. (36)	P6
I don't for some reason in the last year or so I haven't enjoyed (275)	P6
, I mean the most creative thing that we were doing the last year or a bit more than a year last year, was ok do you want to do chair work, or do you want to tell her that, or something like that, although she knew that I gained a lot from drawing and doing more creative things, it just became a bit – we just got a bit stuck. (287)	P6
but it would be very boring one session, then the other session wouldn't be that bad, we were able to reflect on some things, so I would go back and then we would have a very boring and meaningless session for me again. (82)	P7
So it started off with just maybe not being too sure (32)	P8
So there were 4 key things which started right from the beginning actually (41)	P9
It was very early on, so this will be sort 18 months ago now, I'm just trying to remember. (50)	P9

Focused Code (52) – Talking to Others	**Participant**
and occasionally I would say that to people that happened and everybody was like you know, I know that's not ok sort of thing (79)	P1
and I'm curoius about that because the other girl who saw him didn't mind about the phone thing (381)	P1

But as it turned out one of my colleagues from here at xxx was seeing her as, in some capacity, and had a horrendous experience with her (259)	P2
having people volunteer information to me about their experience was that this person was (whispers) off the wall (laughs) on some level. They really were, they had a screw loose (285)	P2
Well I mean if that's true all that I found out afterwards about this therapist was that she was, you know, even her colleagues were kind of going, you know (288)	P2
And then when I got confirmation from other people it was such a relief (410)	P2
it was afterwards and then so for the next week, before the next session my housemate heard a lot about my therapist (330)	P3
So I talked to someone else about it (681)	P3
I remember feeling angry because I spoke to my friends about it (376)	P4
I happened to meet with a colleague of mine xxx a psychiatrist and I told him about this and he said well if you don't tell her how you feel, just be awkward with her and take the risk of … and I just, I did (342)	P5
I had to talk about it non-stop. I shared it with my partner, I shared it with a few of my friends (195)	P6
It was very agitated, this happened and that happened and blah, blah, blah, blah! And sort of shouting and I can't believe this! I was very angry. I was very angry, very overtly angry. My friends were angry as well, and people who knew about therapy. They sort of shared the anger so it sort of grew. (200)	P6
All of them were shocked that she said to me that she was very angry at me that I disrespected her because I did not let her know that I was going to be late and even though I did tell her that I was	P7

on my way and it still took me 15 minutes to get there, so what? (395)	
I was taking this away and complaining to other people (34)	P8
It was only really through hearing other people's experiences with their therapists, that I started to think there was a different way (47)	P8
I'd been talking to people, who – you know you need to have this conversation (95)	P8
until I started talking to other people about and then that turned on her. (118)	P8
I know I'd been talking about it only that week, sort of about, that I need to have this conversation with her (217)	P8
because I felt like I, because I talked about it so much with other people, that when the words came out, although I was angry, they were words I'd said to other people before so it was even the same phrases, do you know what I mean? It's like when you tell the same story over and over again, an anecdote, you tend to have a way of telling it, um, and so, I didn't feel like afterwards that I'd missed anything. I felt like I'd expressed it how I'd wanted to, because that's how I'd expressed it to so many other people. (368)	P8
I suppose just wanting my position to be validated before I said anything. Getting other people's opinions to make sure I wasn't just a bit off base, that I might be getting it wrong and there was something I was missing. (374)	P8
And their kind of surprise that my therapist might say this, or not say this, then ok it's not, maybe not just me thinking this and then still being aware that they're only hearing my side, but you know, just to get other peoples' opinions really. (380)	P8
But people were very shocked and that then impacted me, (173)	P9

I remember colleagues saying to me well you're paying her, use this as an opportunity for your first time to practice shouting at somebody and I thought that sounds good but I couldn't do it. (226)	P9
And in the meantime I'd met this other therapist and I'd talked to her about it all and about the need to go back and finish in an orderly fashion. And in that session I just thought f**k it! (385)	P9
sharing my horrific therapy stories with my friends or peers and there are some really bad stories out there (490)	P9
luckily I had, I have a brilliant supervisor, so he sort of carried me through that time. If it wasn't for him I don't know what I would've done really (325)	P9

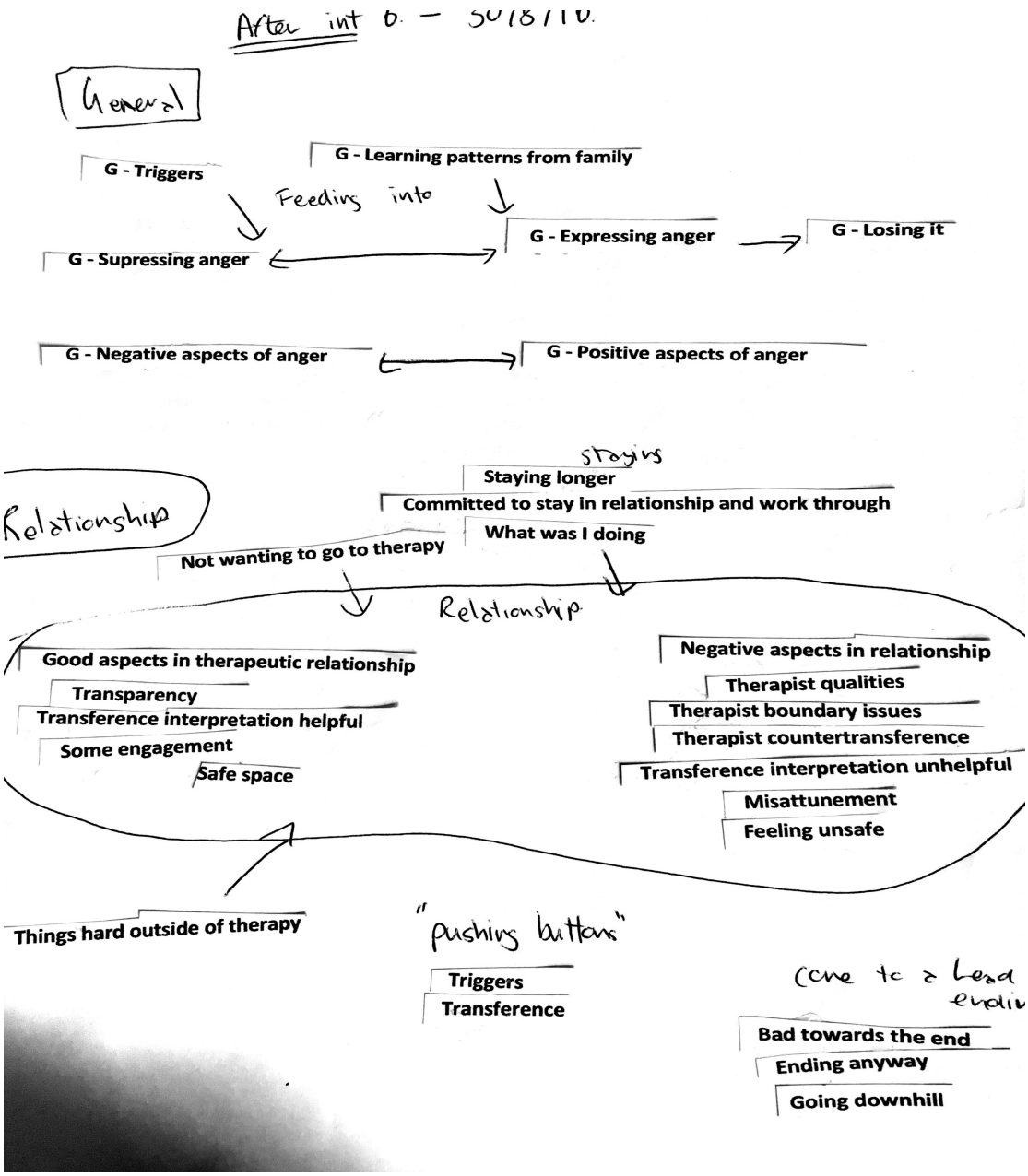
Focused Code (88) – Feeling despondent	**Participant**
Became quite despondent (133)	P1
I suppose it just sort of becomes more urgent and more important until I give up and I genuinely think I can't be heard then I can't go on (543)	P1
Helplessness about, just feeling helpless in the face of this twisted view of reality (312)	P2
At that point I didn't think I was going to be able to get anything (376)	P2
I didn't really feel like she was going to change I think I came to realise that from the session that just happened because there's nothing more I can do apart from being honest about how I was experiencing her. So it's like if I'm naming it and I'm saying it and I'm saying it again and again and again and that person can't hear me then ...I didn't feel, I felt like we'd reached a limit. Like there was no point in carrying on working with her (267)	P4
It's like I don't think there's anything else I could've done. Maybe we just weren't a good match. (304)	P4

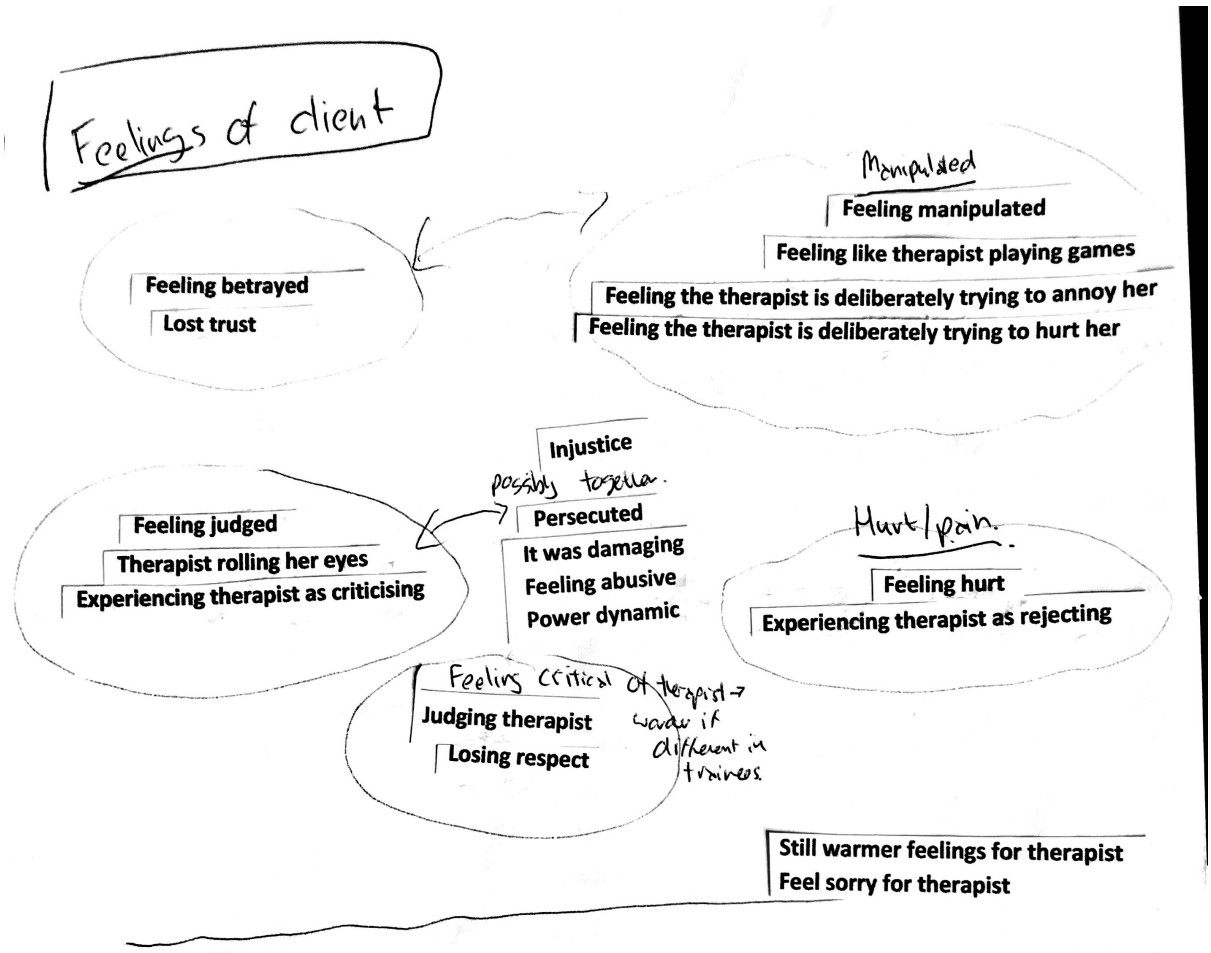
It's not like if there's a rupture I will leave. It's just I felt like I'd really exhausted me trying to communicate with her how I was finding some things she was doing (443)	P4
And I could've in the last session continued saying the same things but I just thought it's falling on deaf ears. So I just left it. (757)	P4
She didn't give me what I wanted. She didn't reflect. She didn't apologise. (697)	P4
So I just thought like what's the point (290)	P4
So I just thought well, judged on that I just thought this is really, I'm just not continuing, so it almost gave me that boost to end it and find someone else to work with. (653)	P4
nothing was changing but I know that that's not my fault because I verbalised it and I communicated it so that was down to her. (772)	P4
Anyway she didn't even facilitate an ending session for me, I had to do it myself. So I just thought what's the point. So I felt like I was doing what I was supposed to do which is to end properly but then we didn't even have a proper ending (285)	P4
I felt helpless (427)	P6
on the feeling level it was the helplessness (463)	P6
But in working with her for more wouldn't have necessarily solved it, it would've been a torture for me and why should I torture myself like that with someone who I don't think is committing themselves to the sort of relationship I want. That's why I didn't do it. (484)	P6
I was doing everything and in spite. (362)	P6
She couldn't have done anything else, I think she shared with me, that she thinks we should work for a longer period or something like that but I was very happy to be leaving at that point. (437)	P6
So I've learnt how to manage that. How to still carry on in a relationship with her and to manage my frustration that I wasn't getting what I wanted and I could only reflect about my stuff, I couldn't make her reflect about her stuff. (590)	P7

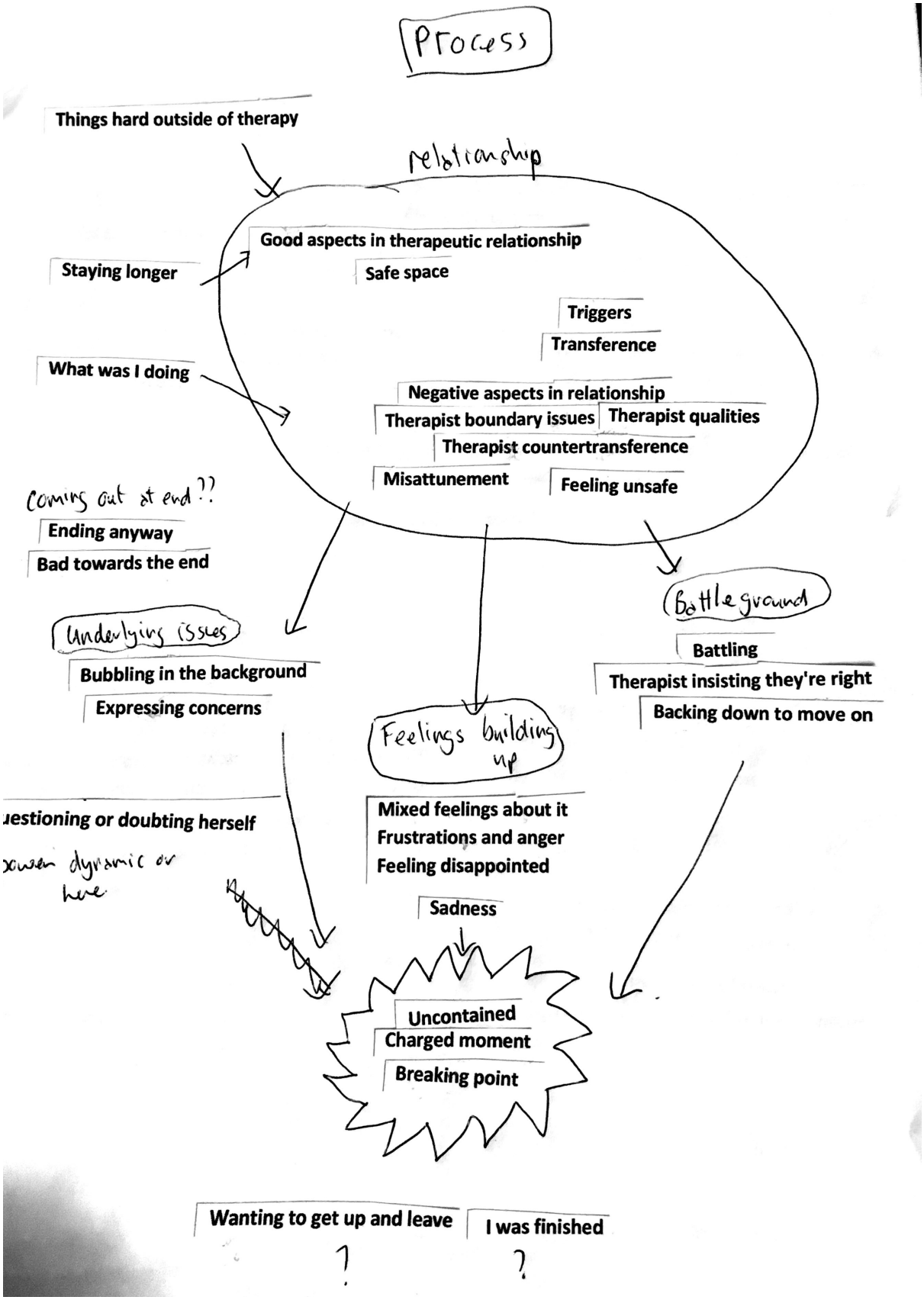
I understood that's the position she chose to take, to have and there's nothing I could do about it. I could only do with what I was feeling (458)	P7
I thought well great, from now on things are going to be much better and this is a pivotal moment in the therapeutic relationship but actually what ended up happening was it just went exactly back to how it was. (137)	P8
Then, just the next week, everything kind of went back to how it was. (150)	P8
But then when we came back with the therapy it just, the goal posts just moved back to where they were. (255)	P8
Ok it's not going to change. This is her style. (268)	P8
Yes well at that point it did feel like a meeting of two people but we didn't meet again in that way, because that wasn't the way she worked. (293)	P8
This is how things are and I thought I don't think I'm going to be able to change it. This is her style and I'm sure it works, for some people it works quite well. So I knew at that point the onus was kind of on me to either shut up or get out. Put up or get out rather, I suppose. (190)	P8
. I didn't see the point. I didn't see that anything was going to change by kind of saying we've had this conversation and nothing's changed because she was obviously affected by the conversation, by what happened and then if she didn't, if she'd have gone back to it. It's not like she could've forgotten about it, if you know what I mean, so to bring it up again, it felt like rehashing, and sort of thinking, maybe we're just not a good fit. (193)	P8
I think in the end it was just a difference of her style of therapy and my personality just not being a fit. I don't think she could've given me what I needed because I don't think that that's her style, you know. I just don't think that's in her philosophy of therapy. (202)	P8

then I was able to express my frustrations to her, she kind of accepted them, but then went back to the way that's how she worked and moved on. (308)	
I think I felt a bit resigned. I think, I didn't feel worked up, angry about it. I just thought, well in a funny kind of way I felt a little bit validated, because I thought I've tried. Because my worry was if I just left without saying anything at all at that point then should I have stayed and worked through something. Am I leaving because of my stuff or am I leaving because she's actually not right for me, do you see what I mean? So by being able to actually express that and then thinking ok things will improve, and then things didn't shift in the way I wanted, I felt like at least I'd tried. I hadn't bailed out just because it got difficult or because I was finding therapy difficult. I didn't want it to look like I just bailed. (177)	P8
slightly resigned. So at least, ok then I tried now I need to decide whether I want to stay here or not. That's on me now. So all of the feelings that had been directed at her, the frustration and annoyance that was directed at her had gone and I just had to make a decision. (264)	P8
I gave up! (198)	P9
I thought this isn't going to work doing it, trying to confront it. (200)	P9
I never had any problem once I'd got to the decision anyway, which took a very long time but once, and especially after I'd had that breakdown, there was no, no chance I was going back to her once I realised whatever it was that was going on between us and game playing or something with her stuff and my stuff or whatever, that we could've resolved it, that it just wasn't resolvable. (377)	P9

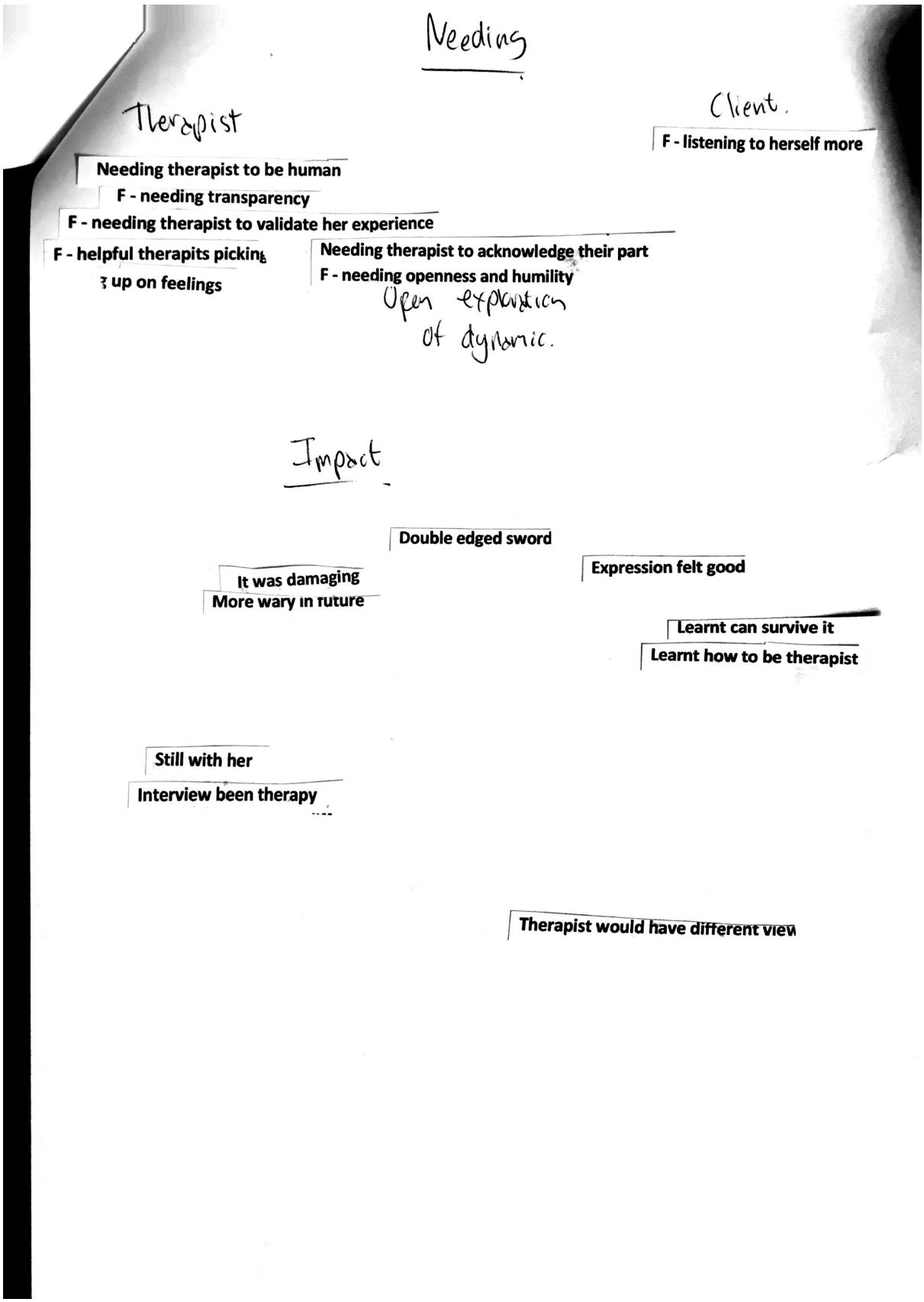
Appendix XII – Examples of Diagramming at Different Stages



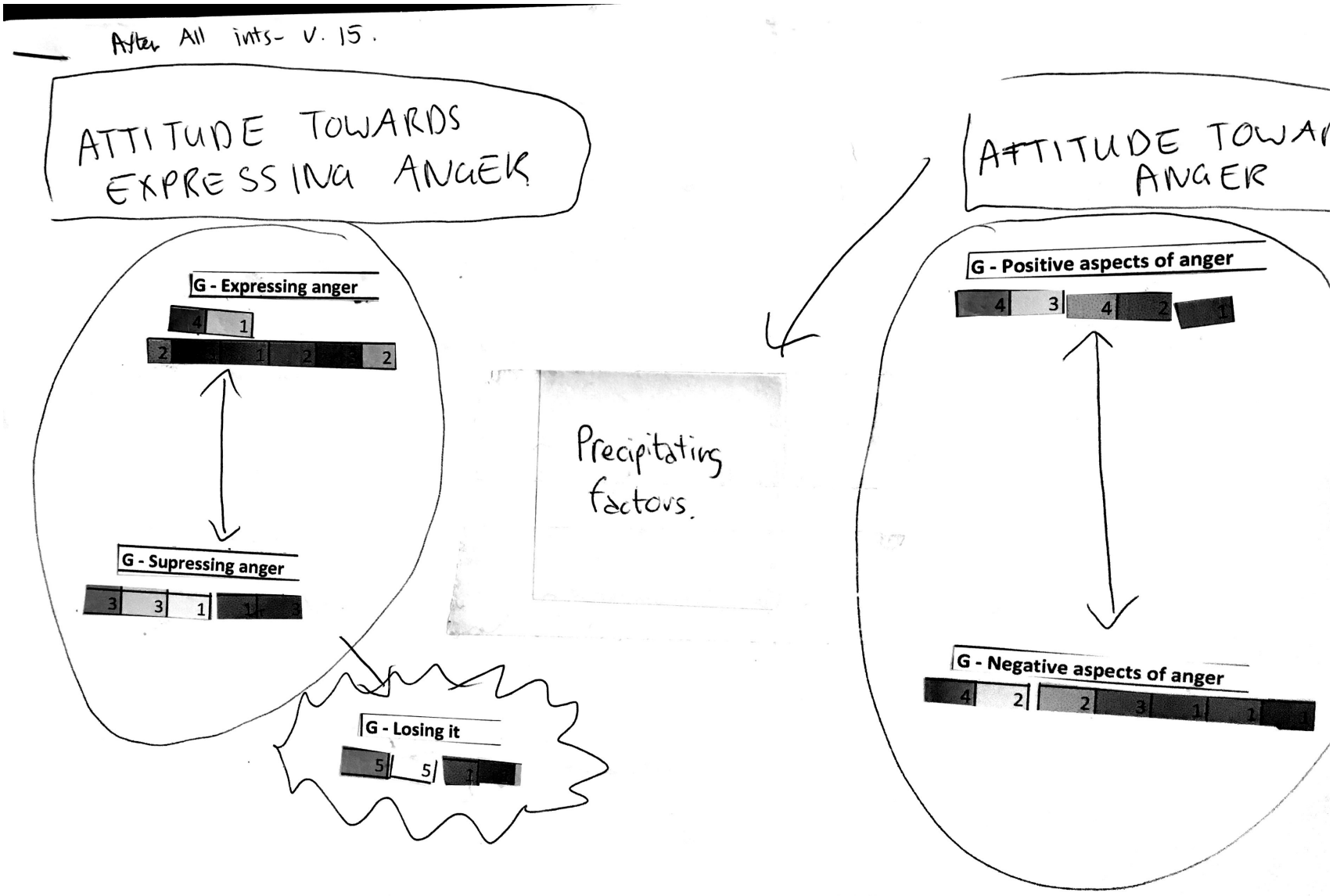

Feelings of client
Feeling betrayed
Lost trust
Manipulated
Feeling manipulated
Feeling like therapist playing games
Feeling the therapist is deliberately trying to annoy her
Feeling the therapist is deliberately trying to hurt her
Injustice
possibly together.
Persecuted
It was damaging
Feeling abusive
Power dynamic
Feeling judged
Therapist rolling her eyes
Experiencing therapist as criticising
Hurt/pain.
Feeling hurt
Experiencing therapist as rejecting
Feeling critical of therapist →
Judging therapist
Losing respect
would if different in traineeship
Still warmer feelings for therapist
Feel sorry for therapist

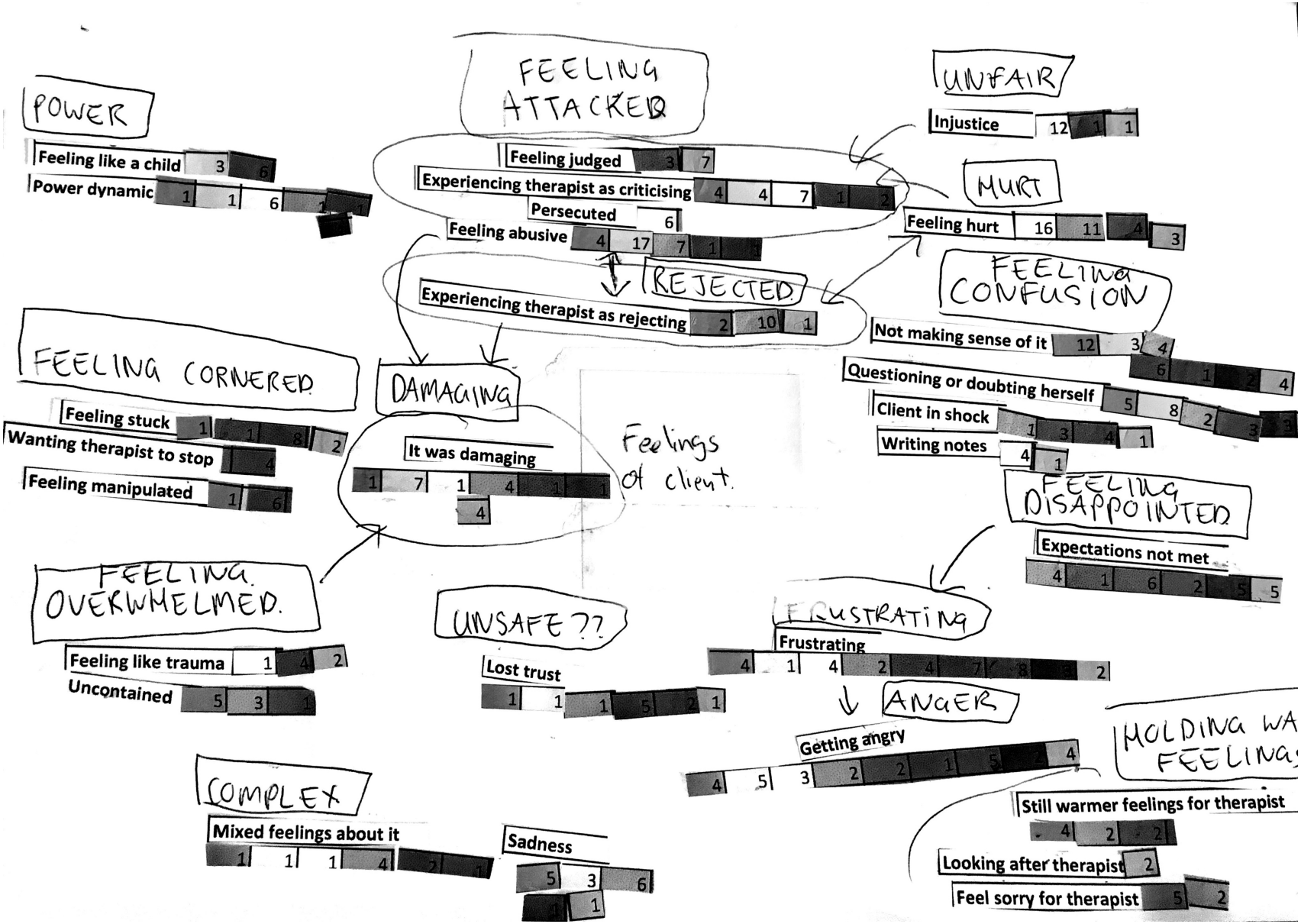

Process
Things hard outside of therapy
relationship
Good aspects in therapeutic relationship
Staying longer
Safe space
Triggers
Transference
What was I doing
Negative aspects in relationship
Therapist boundary issues
Therapist qualities
Therapist countertransference
Misattunement
Feeling unsafe
Coming out at end??
Ending anyway
Bad towards the end
Battleground
Underlying issues
Battling
Bubbling in the background
Therapist insisting they're right
Expressing concerns
Backing down to move on
Feelings building up
Mixed feelings about it
Frustrations and anger
Feeling disappointed
Sadness
Uncontained
Charged moment
Breaking point
Wanting to get up and leave
I was finished

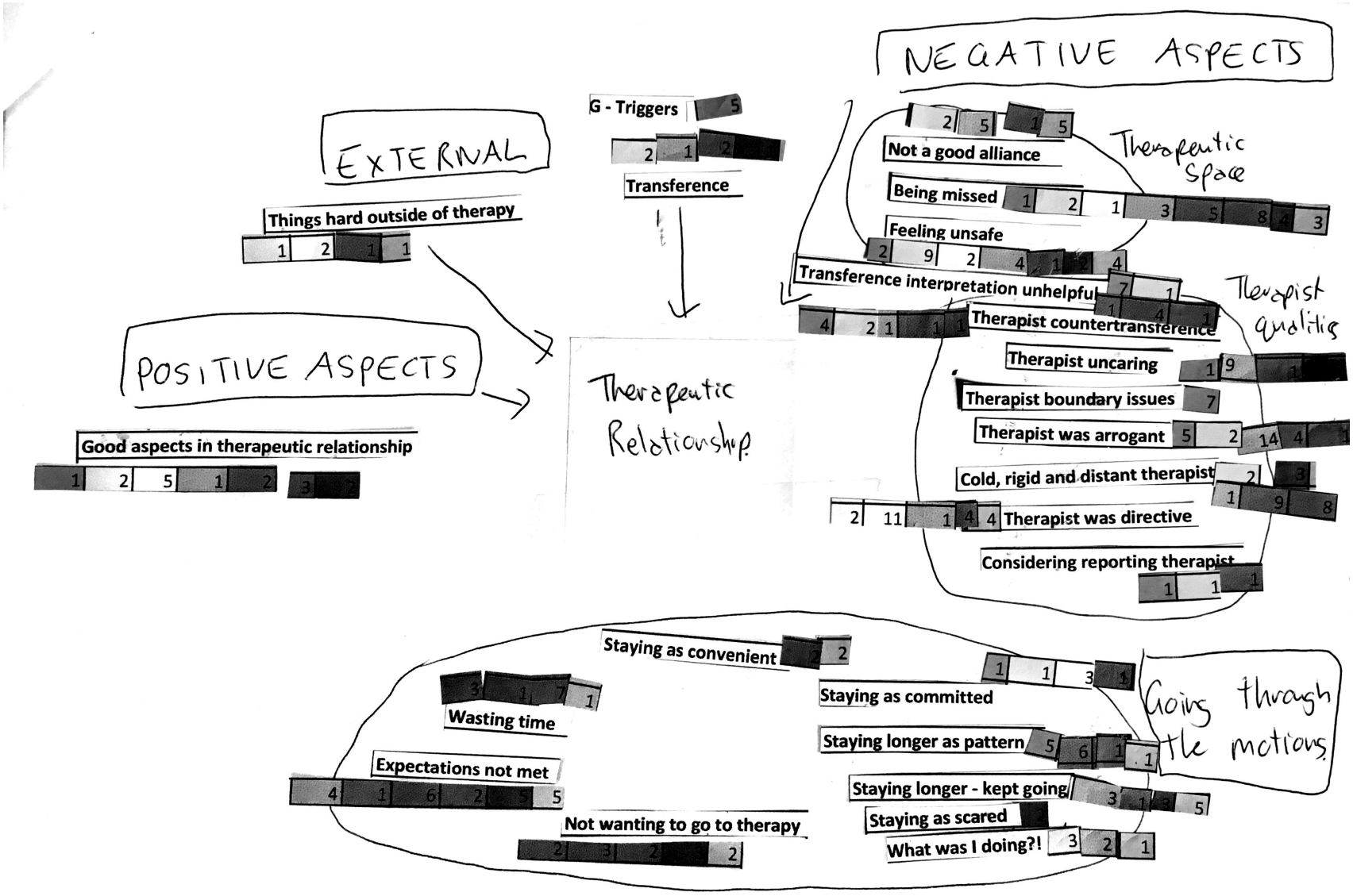

Process
Expression
Email contact
Planned expression
Spread over time
Reasons for going back
Therapist pushing client to go back
Dreading going back
Messy
Not making sense of it
Unresolved
Unfinished
Ending
Not expressing anger at end
More annoyed in going back
Feelings around ending
inside
Hard to hold onto
outside
Anger outside sessions
Talking to others
Molding?!
Transference interpretation
Therapist held it
Transparency
Some engagement
Feel sorry for therapist
Still warmer feelings for therapist
Therapist showing concern
Client feeling attacked
Persecuted
Experiencing therapist as criticising
Feeling the therapist is deliberately trying to annoy her
Feeling the therapist is deliberately trying to hurt her
Experiencing therapist as rejecting
Feeling therapist wanted ending
Feeling abusive
Blaming / not co-created dynamic
Therapist blaming client
Therapist not owning their part
Avoidance interpretation
Taking it personally
Therapist taking it personally
Not want to focus on therapist
Therapist was defensive
No space to express negative feelings towards therapist
Feeling hurt
Power dynamic
BATTLE GROUND
Injustice
Client defending herself
Client hurting therapist
hope for change.
Anger of hope
What's the point
A - misattunement
A - feeling unsafe
A - not feeling heard
A - no open exploration
??
I was thinking
No change
What's -
Defeat / Give up

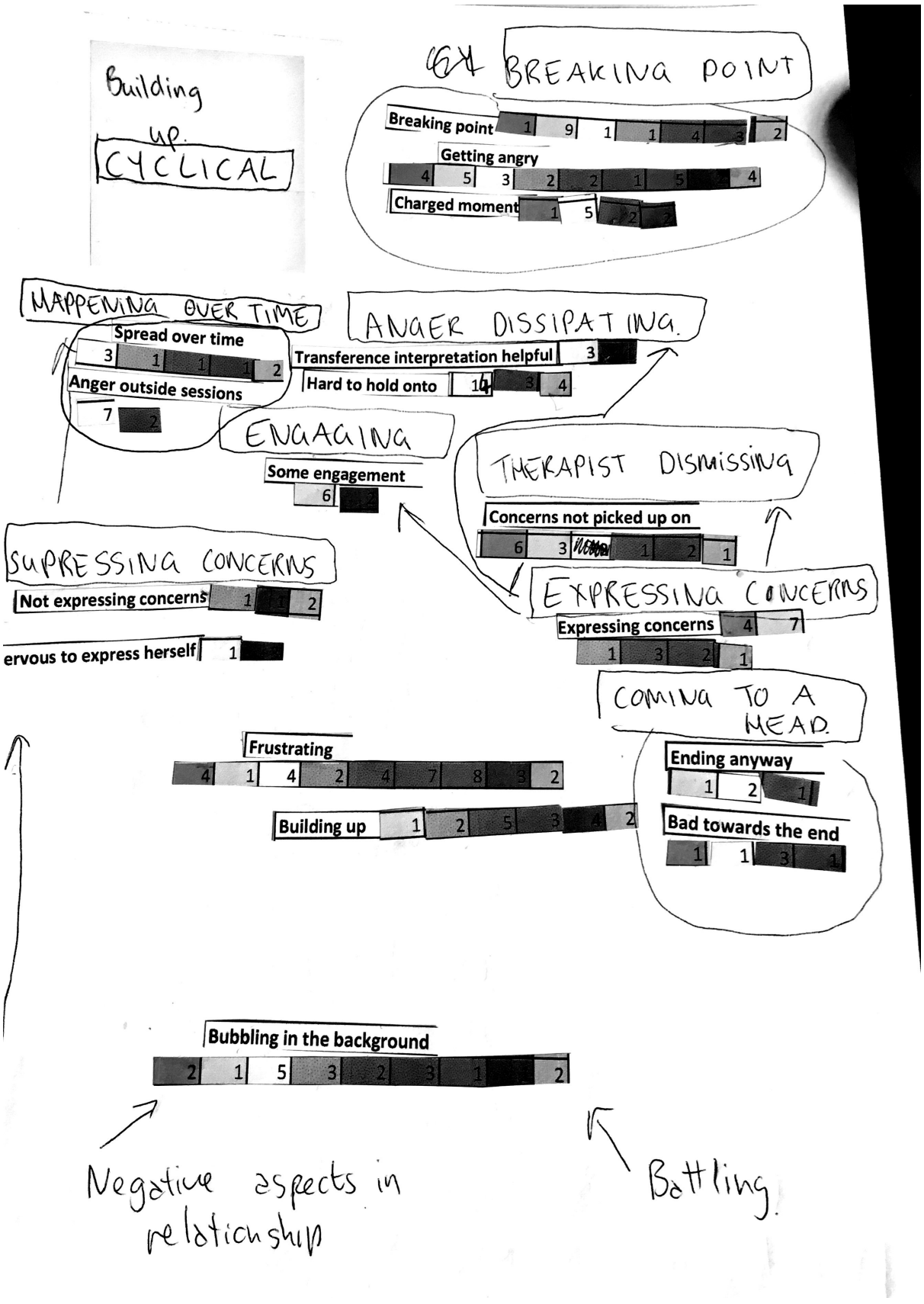

Needing
Therapist
Client.
F - listening to herself more
Needing therapist to be human
F - needing transparency
F - needing therapist to validate her experience
F - helpful therapits picking
up on feelings
Needing therapist to acknowledge their part
F - needing openness and humility
Open expression
of dynamic.
Impact
Double edged sword
Expression felt good
It was damaging
More wary in future
Learnt can survive it
Learnt how to be therapist
Still with her
Interview been therapy
Therapist would have different view

After All ints- V. 15.




POWER
Feeling like a child
Power dynamic
FEELING ATTACKED
Feeling judged
Experiencing therapist as criticising
Persecuted
Feeling abusive
UNFAIR
Injustice
HURT
Feeling hurt
REJECTED
Experiencing therapist as rejecting
FEELING CONFUSION
Not making sense of it
Questioning or doubting herself
Client in shock
Writing notes
FEELING CORNERED
Feeling stuck
Wanting therapist to stop
Feeling manipulated
DAMAGING
It was damaging
Feelings of client
FEELING DISAPPOINTED
Expectations not met
FEELING OVERWHELMED
Feeling like trauma
Uncontained
UNSAFE??
Lost trust
FRUSTRATING
Frustrating
ANGER
Getting angry
COMPLEX
Mixed feelings about it
Sadness
HOLDING WA FEELING
Still warmer feelings for therapist
Looking after therapist
Feel sorry for therapist


NEGATIVE ASPECTS
EXTERNAL
G - Triggers
Transference
Things hard outside of therapy
POSITIVE ASPECTS
Good aspects in therapeutic relationship
Therapeutic Relationship
Not a good alliance
Therapeutic Space
Being missed
Feeling unsafe
Transference interpretation unhelpful
Therapist countertransference
Therapist qualities
Therapist uncaring
Therapist boundary issues
Therapist was arrogant
Cold, rigid and distant therapist
Therapist was directive
Considering reporting therapist
Staying as convenient
Staying as committed
Wasting time
Staying longer as pattern
Going through the motions
Expectations not met
Staying longer - kept going
Staying as scared
Not wanting to go to therapy
What was I doing?!


Building up.
CYCLICAL
BREAKING POINT
Breaking point
Getting angry
Charged moment
MAPPENING OVER TIME
Spread over time
Anger outside sessions
ANGER DISSIPATING.
Transference interpretation helpful
Hard to hold onto
ENGAGING
Some engagement
THERAPIST DISMISSING
Concerns not picked up on
SUPRESSING CONCERNS
Not expressing concerns
ervous to express herself
EXPRESSING CONCERNS
Expressing concerns
COMING TO A HEAD.
Frustrating
Building up
Ending anyway
Bad towards the end
Bubbling in the background
Negative aspects in relationship
Battling

Client response. (ACTION) → prob expression cont of

STAYING

Wanting to get up and leave 5

GOING

Got up and left

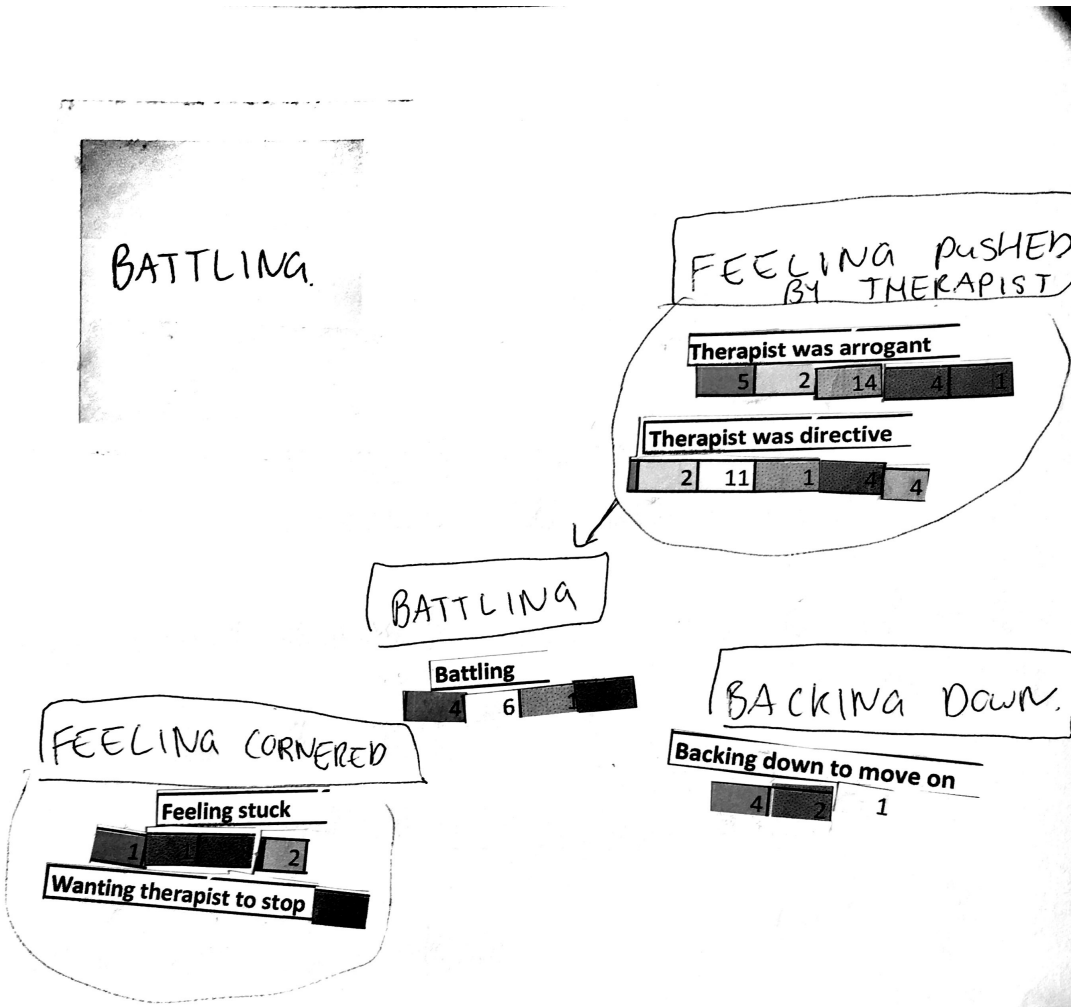
Dreading going back 2 1 2

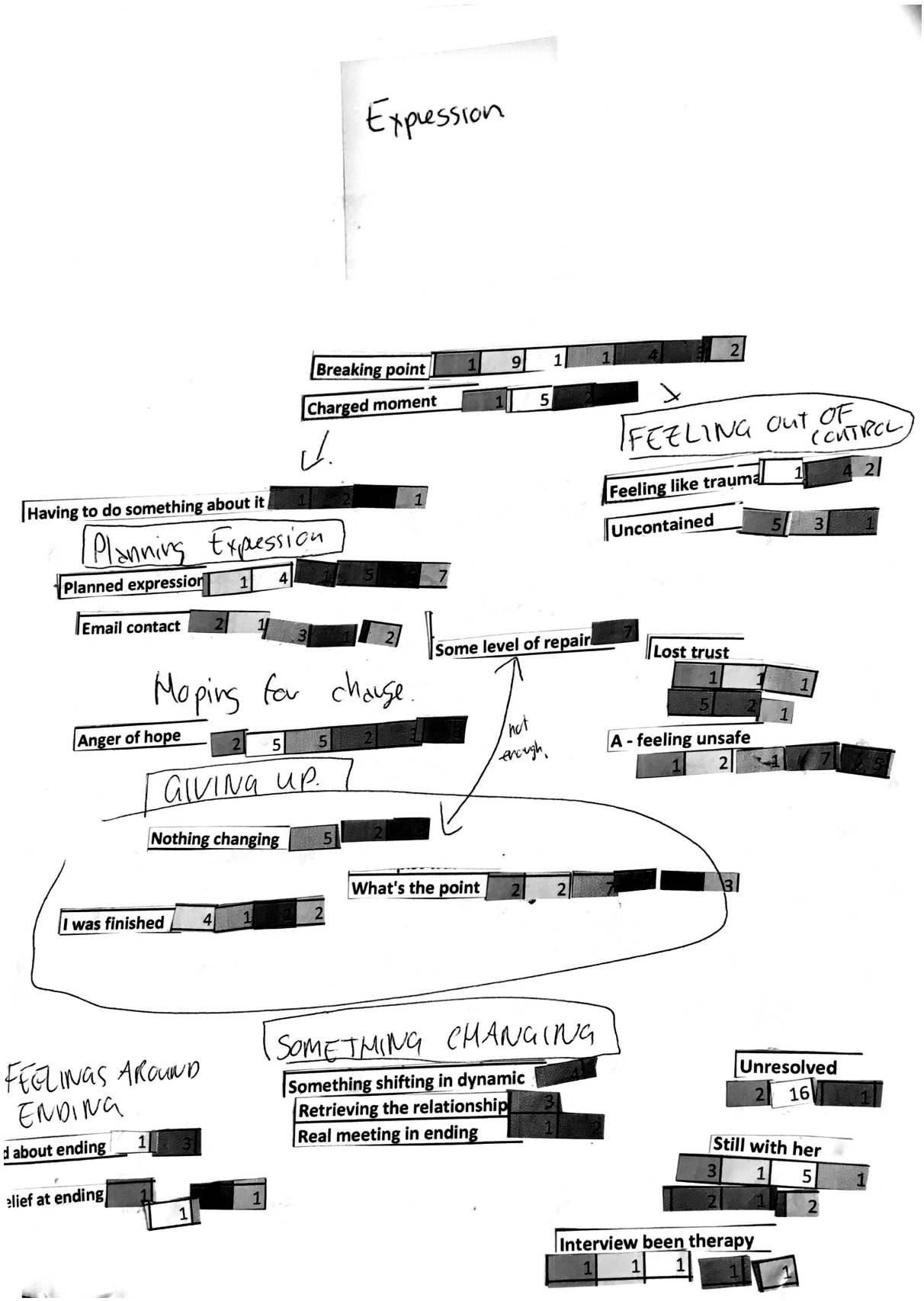
Therapist pushing client to go back 3 1

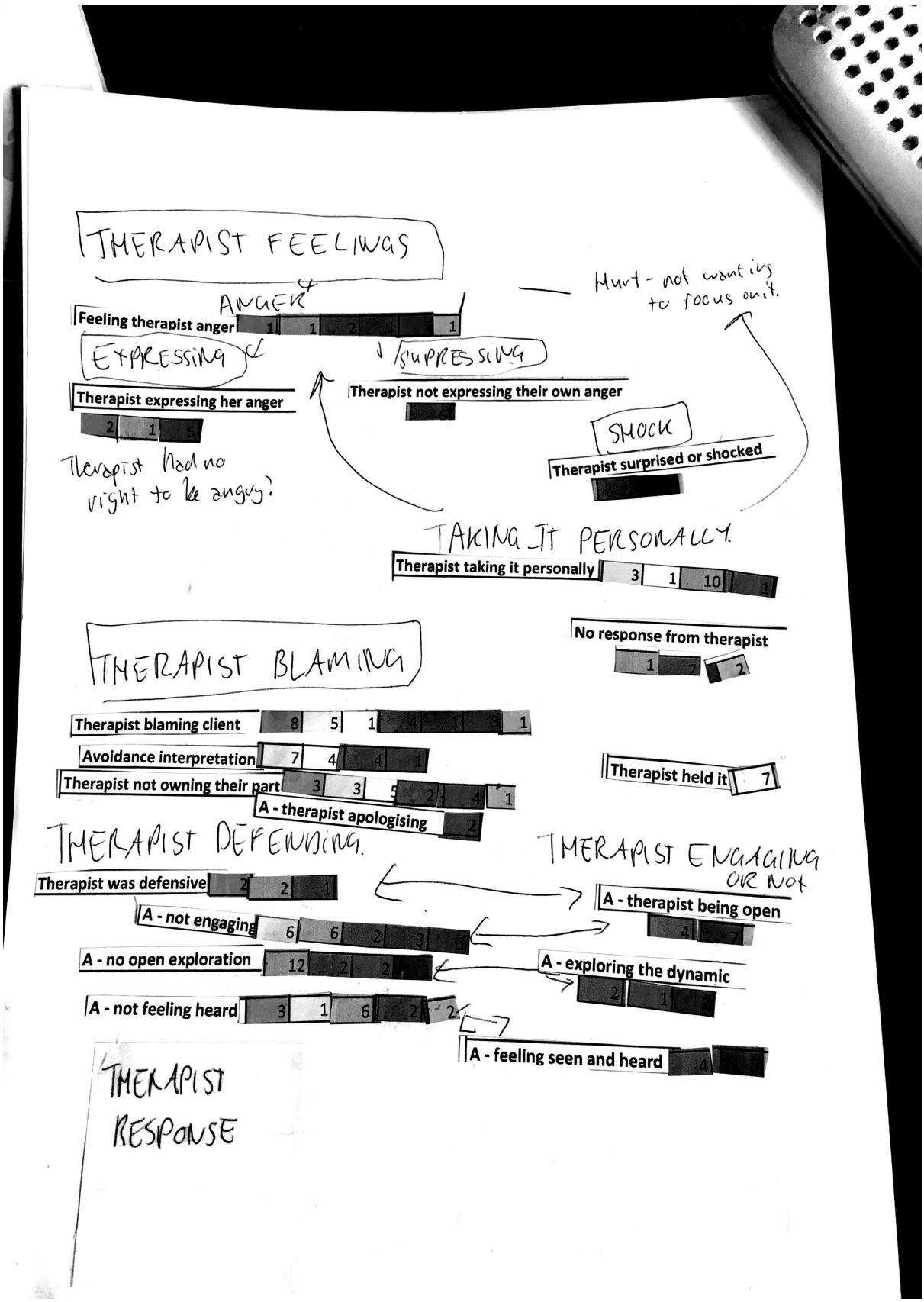
Therapist pushing client to go back??

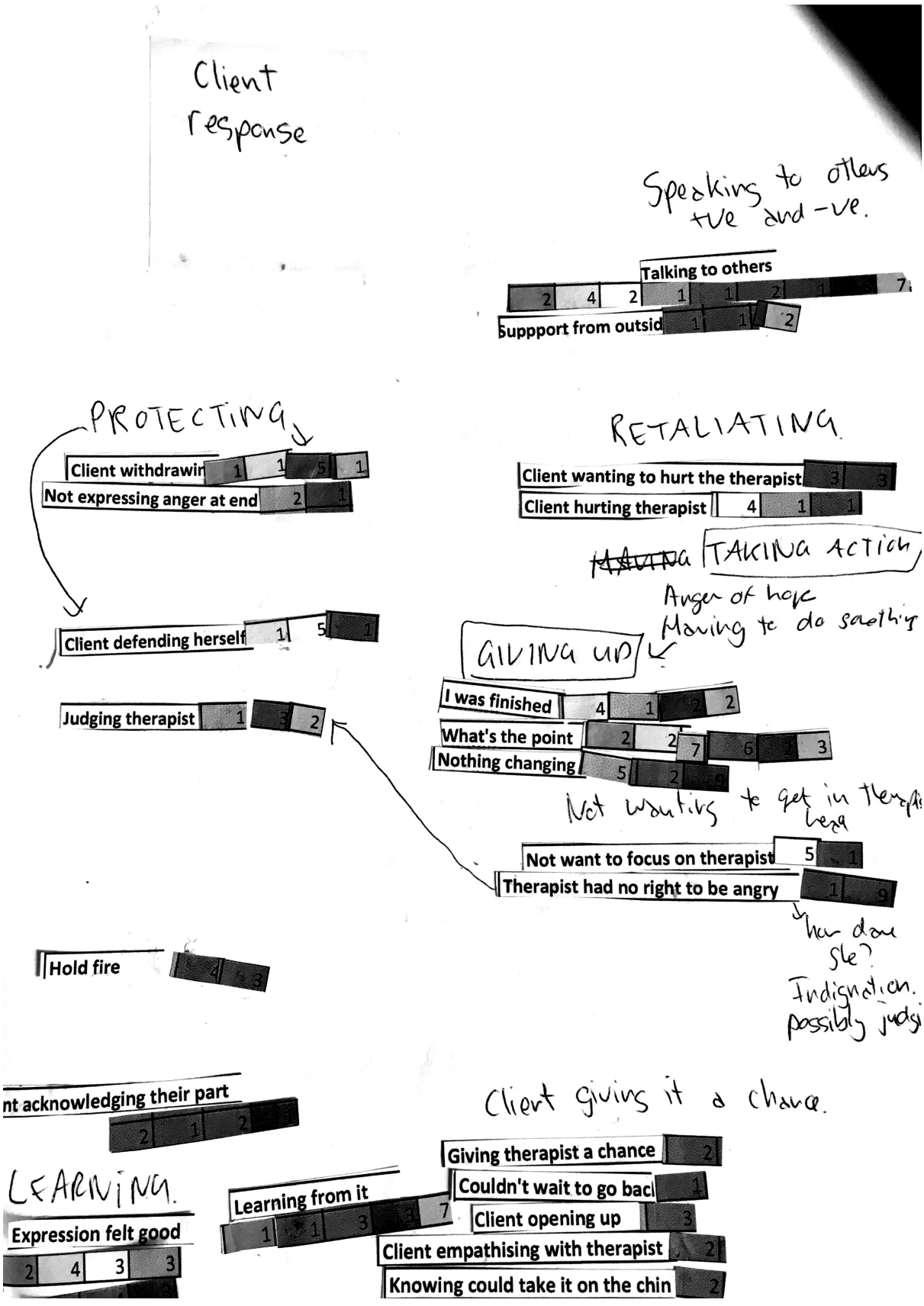
Reasons for going back - own pattern or for therapist?

2 5 6

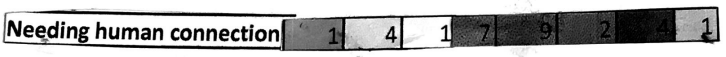

BATTLING.
FEELING PUSHED BY THERAPIST
Therapist was arrogant
5 2 14 4 1
Therapist was directive
2 11 1 4 4
BATTLING
Battling
4 6 1
FEELING CORNERED
Feeling stuck
1 2
Wanting therapist to stop
BACKING DOWN.
Backing down to move on
4 2 1

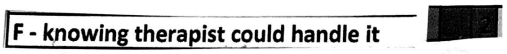

Expression
Breaking point
Charged moment
FEELING OUT OF CONTROL
Feeling like trauma
Uncontained
Having to do something about it
Planning Expression
Planned expression
Email contact
Some level of repair
Lost trust
Moping for change.
Anger of hope
not enough.
A - feeling unsafe
GIVING UP.
Nothing changing
What's the point
I was finished
SOMETIMING CHANGING
Something shifting in dynamic
Retrieving the relationship
Real meeting in ending
FEELINGS AROUND ENDING
about ending
elief at ending
Unresolved
Still with her
Interview been therapy


THERAPIST FEELINGS
ANGER
Feeling therapist anger
EXPRESSING
Therapist expressing her anger
Therapist had no right to be angry!
SUPPRESSING
Therapist not expressing their own anger
Hurt - not wanting to focus on it.
SHOCK
Therapist surprised or shocked
TAKING IT PERSONALLY
Therapist taking it personally
THERAPIST BLAMING
Therapist blaming client
Avoidance interpretation
Therapist not owning their part
A - therapist apologising
No response from therapist
Therapist held it
THERAPIST DEFENDING
Therapist was defensive
A - not engaging
A - no open exploration
A - not feeling heard
THERAPIST ENGAGING OR NOT
A - therapist being open
A - exploring the dynamic
A - feeling seen and heard
THERAPIST RESPONSE

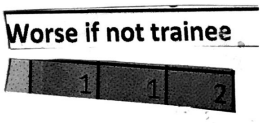

Client response
Speaking to others +ve and -ve.
Talking to others
Suppport from outsid
PROTECTING
Client withdrawin
Not expressing anger at end
Client defending herself
Judging therapist
RETALIATING
Client wanting to hurt the therapist
Client hurting therapist
TAKING ACTION
Anger of hope
Having to do soothing
GIVING UP
I was finished
What's the point
Nothing changing
Not wanting to get in therapy
Not want to focus on therapist
Therapist had no right to be angry
How does she?
Indignation.
Hold fire
nt acknowledging their part
Client giving it a chance.
LEARNING.
Expression felt good
Learning from it
Giving therapist a chance
Couldn't wait to go bac
Client opening up
Client empathising with therapist
Knowing could take it on the chin

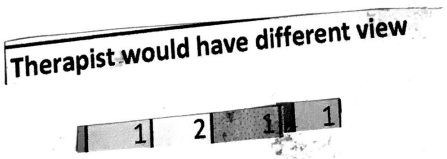
Needed Therapist stance.





Client part.





Appendix XIII – Exerts of Theoretical Memos

Trainees stay longer than other clients??

- Trainees staying longer. Feeling they need to change patterns in themselves.
- Going back as feel they should do – would other clients just leave??
- Take more responsibility, reflect more on own process??
- Worse if not trainee – so might not have had such rich data if not trainee, but might not have stayed so long???
- Difference if not therapists in training – maybe not been so able to reflect and hold it but also many in therapy because of course – frustrations?? Impact of that
- Different experience for therapists when working with trainees?? Do they feel they can handle things more? Need to push further? Need to help more self reflection? Take them further?
- Trainees – know what they want more. Therapy literate
- **Trainees**
- If therapists too, would make a difference – get that information
- Or **different personality types – stay in relationship longer**
- Staying longer as pattern in herself (int1), or ignored own feelings (not good relationship – int 2 & 3), or got to a point where not great but stayed as convenience/as had been good (int 3 & 7?).

Wanting more connection

Wanting the blast – int 2. Wanting a tussle to feel connected. Possibly provoking for reaction?? Frustrating not relating – nothing back

Not feeling heard.

Misattunement

Not getting anything

Therapist not human – too boundaried. **Not real relationship of other human person in relationship**

What client hoping for

What was client looking for by staying, what not get from therapist. Not understanding therapist feeling behind saying that – want client to go.

Not feeling safe / containment

Not feeling safe – holding, containment.

Int 1 and 2 – express wanting to talk about something but feeling unsafe to do so.

What are they looking for from therapist? Wanting permission? What would make it feel safe??

During losing trust – int 4 & 6

Complex emotion

Complications of anger

Mixture of emotions – hurt, upset, sympathy

Different types of anger – to make a change or something shift or feeling out of control (esp int 2). Appropriate vs inappropriate anger. Productive vs unproductive

The process of anger

The dance

Frustrations with not getting anything out of it

Bubbling away

Seems like different stages of anger. First express annoyance, but then when no change builds up. Snowball. **Build up**

Getting under skin. Things there all along

Build up, expressed, smoothed over, came out again, expressed, resolved, then trigger – int 3

Anger – breaking point. Can't take anymore. Something has to be done. Anger of hope – to change something

Bubbling under the surface – therapeutic relationship (being missed/misattunement), therapist qualities, battling, client attitudes to anger. All there under surface.

A central idea emerging from this work is the **importance of therapists recognizing and acknowledging problems in the relationship**

We're off track what's happening here?

Expression

Spontaneous/planned? Difference whether do it then and there – uncontrolled or think about it and more planned expression

Intent?

Many write notes in between sessions – int 3 & 6

Email expression – Int 2 & 1(?) sending emails to say how feel. Easier than face to face. Want to express but not in person – understand why sent email?? Int 4 sent. Int 6.

Int 2 – just leaving. Int 5 leaving so not escalate

Expressing or not expressing concerns.

Battling

Leads to constriction – or magnetic opposing forces, rather than coming together.

Int 2 – therapist pushing and pulling – tug of war.

Real battle ground – building up, fighting. Then retaliating, fight back so become more opposing. Viscous cycle.

Stuck –Viscous cycle

Viscous cycle, going round in circles and can't get out. – int 3

Similar to int 1??

Going round in circles. Claustrophobic – can't get out – int 6

Self-doubt/questioning

- Their fault. – interview 1.
- Worrying about being a "good client" – int 2
- Int 3 confusion
- Int 6 – mind games – questioning herself
- Assymetrical relationship - shame

Appendix XIV - Example of Coding Memos

After interview 3 – stand back and group

Take out:

Choosing anger

Merge:

- Staying longer to break pattern & staying longer as good aspects
- Therapist's arrogance and therapist not human – into therapist qualities
- Interpretations not helpful and not being heard – into misattunement
- Put one code from int 2 for no open exploration into ignores concerns
- Explanation was helpful and transparency (as in explanation, knew where therapist was coming from)
- Hiccups along the way, expressed concerns and ignored concerns – into bubbling away. Used In vivo code as bubbling in the background, would come up and then go, but still there under surface
- Feeling frustrated and furious and building up – into frustrations and anger. Not sure if put into building up, or is that my imposing view?? Not sure how much need to include it as point of research and wouldn't be included if not in their narrative, but also interesting to keep it in as can see build up, and also different ways to describe anger and different intensities. How dare you – also into there. Not exactly sure understanding of that.
- Questioning therapist and confusing – into not making sense of it
- Push /pull into battling. Tug of war
- Unfair fight – into feel sorry for the therapist
- Therapist blaming – and took no responsibility – merge into therapist blaming
- Unable to be challenged and defensive together~??
- Therapist picking up negative feelings – into therapist retaliating ??
- A – didn't feel heard or important into A - misattunement
- Split can't go on into A – unsafe, don't feel safe as no point continuing; give up into feeling despondent

- Got up and left – into I was finished
- Going back for closure and going back for therapist into reasons for going back
- F – take responsibility and acknowledge their part into acknowledge their part
- Making it more real – into human

Further thoughts:

- Left wanting to go back, and unresolved separate at the moment, might be part of same category?
- Bubbling away, building up, implicit and un resolved
- Unresolved/unfinished/wanting to go back/messy/not making sense of it – cognitive and emotional
- Battling – rigidity, different views, not open but more closed.
- Blaming and co-created dynamic possibly together at later stage
- Therapist picking up –ve feelings (put it into therapist retaliating) but not sure if should take out all together??
- Punishing and persecuted – possibly??
- Said needed validating of their experience. Interview 3 this was helpful in holding it, reflecting their experience

Appendix XV – Table of Categories, Sub-Categories and Focused Codes

Categories	Sub-categories	Codes
Bubbling in the background	Client Personal Dynamic	Expressing anger Supressing anger Losing it Positive aspects of anger Negative aspects of anger Transference Controlled expression Context
	Therapist Personal Dynamic	Lacking connection Lacking flexibility Seeing arrogance Therapist countertransference
	Therapeutic Relationship	Good aspects Lacking alliance Feeling missed Feeling unsafe Power dynamic
	Bubbling in the background	Bubbling in the background Staying longer as pattern Staying longer – kept going Staying as committed Dreading going
Building up	Building up	
	Interpersonal dynamics	Concerns not being picked up Battling Going back

	Intrapsychic	Mixed feelings Feeling frustrated Feeling angry Feeling overwhelmed Feeling disappointed Feeling split Feeling unaccepted Feeling hurt Feeling injustice Feeling confused Feeling infantilised Feeling abusive
	Outside sessions	Anger outside sessions Anger dissipating in sessions Writing notes Talking to others
Expression	Breaking point	
	Planned expression	Planned expression Email contact
	Holding fire	
	Opening the floodgates	
Therapist response	Therapist attacking	Making avoidance interpretations Blaming Showing anger
	Therapist blocking	Not reflecting Taking it personally Being defensive Not hearing Lacking empathy
	Therapist withdrawing	Not responding

		Lacking connection
	Therapist de-escalating	Containing Not expressing anger
	Therapist opening the space	Showing a reaction Being open
Client response	Client withdrawing	Withdrawing Lost trust Getting on high horse
	Client giving up	Feeling despondent
	Client retaliating	Hurting therapist Defending herself
	Client blocking	Therapist has no right to be angry Needing to get out therapist's head
	Client opening	Opening the space Acknowledging their part Empathising with the therapist
After effects	Unmet needs	Needing human connection Needing therapist to take responsibility Needing reflective dialogue
	Interpersonal	Moving things along Some level of repair Deciding to leave Real meeting in the end Sad about ending Relief to end
	Intrapersonal	Feeling unsafe Feeling unresolved

		Damaging experience
	Reflections	Needing to listen to herself more Client acknowledging their part Learning from it Expression feeling good Therapist having different view

Appendix XVI –Approval by the Metanoia Research Ethics Committee

Mandy Walters
19 Holmdene Avenue
London NW7 2LY

22nd March 2013

Dear Mandy,

RE: *The client's expression of anger towards the therapist: A grounded theory study.*

I am pleased to let you know that the above project has been granted ethical approval by Metanoia Research Ethics Committee. If in the course of carrying out the project there are any new developments that may have ethical implications, please discuss these with your research supervisor in the first instance, and inform the Chair of the Research Ethics Committee, Dr Patricia Moran.

Yours sincerely,

Dr Patricia Moran Chair of Metanoia Research Ethics Committee Integrative Department

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